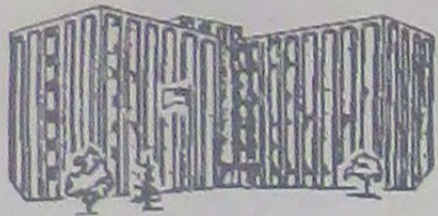




Best wishes
for the New Year

Happy 50th Anniversary Seabees

The Navy's First Commissioned Hospital Ship



The Red Rover



Volume 4-Number 1

Naval Hospital Oakland, California 94627-5000

January 17, 1992

Treasure Island

State of the art Branch Medical/ Dental Clinic opens

By Andree
Marechal-Workman

Branch Medical/Dental Clinic Treasure Island was launched into the 21st Century Jan. 10, 1992 with a ribbon cutting ceremony at 2:30 p.m., with Rear Admirals Merrill Ruck, USN, and William Buckendorf, MC, together with Captain E. T. Rippert, DC, doing the honors.

RADM Ruck is Commander, Naval Base San Francisco; RADM Buckendorf, Commanding Officer, Naval Hospital Oakland and Commander, San Francisco Medical Command; CAPT Rippert is Commanding Officer, Naval Dental Center San Francisco.

Modernistic in design, the \$12-million, 50,000-square foot treatment facility will provide a wide array of medical/dental care to active duty military service members and their families,

liaison officer in charge of construction, LT Craig Anderson, MSC, explained the innovative features of this most impressive facility. "The medical treatment positions, immunization room, private toilets, etc. are totally wired for a nurse call system," he said, adding that the environmental system is constantly monitored so that an alarm sounds at the least indication of equipment malfunction, even a refrigerator.

According to LT Anderson, the new building was constructed to the latest seismic codes. The building was in progress when the Loma Prieta hit the Bay Area on Oct. 17, 1989, but it withstood the shock because of "an experimental method of stabilizing the land through a procedure called 'soil densification.'"

LT Wamble said that the clinic was designed more than seven years ago, but that it

William A. Buckendorf, Commander of the San Francisco Medical Command.

"With the overall Navy downsizing, RADM Buckendorf has made it a priority to making sure that medical assets are at an optimum for continuity of healthcare throughout the transition process," explained the medical clinic's officer-in-charge. According to Wamble, the admiral also said that he will ensure that all the branch medical clinics that falls under the umbrella of [Naval Hospital Oakland] will have the manpower and material support they need to guarantee that quality patient care is accessible to all Bay Area beneficiaries."

(Editors Note: The branch medical clinic is within the chain of command of Naval Hospital Oakland, under the supervision of CAPT John T. Roe, MC, NHO's Director of Community Health. On the other hand, the dental clinic is under the direction of Naval Dental

LT Wamble mans the helm at BMC Treasure Island



By Andree Marechal-Workman

Lieutenant Carl Wamble's, MSC, most memorable experience is serving aboard USS New Jersey (BB 62) when it was patrolling the coast of Lebanon in 1984. But he is most proud of his assignment as Branch Clinic Treasure Island's officer-in-charge (OIC) for the past 16 months.

"This is an example of the Navy's plan to provide equal opportunity for its highly skilled professionals," said the native of Oklahoma, adding that he "feels extremely fortunate to be a part of one of the most modern facilities on the West Coast...working with a unique blend of diverse Navy professionals."

LT Wamble joined the Navy in 1975 "to take advantage of the educational opportunities available and satisfy [his] hunger for adventure." Starting out as a hospital corpsman, he rose through the ranks to become first a Surface Warfare, then a Medical Service Corps officer.

LT Wamble likens his role as OIC to that of a "cheerleader, [who] influences a staff of exceptionally skilled professionals to deliver quality health care in a unique isolated setting." The most challenging part of his duties, he added, is "keeping track of so many activities at once — prioritizing and orchestrating those via a complex combination of personalities with a real contrast in leadership styles and lifetime goals and objectives."

LT Wamble's immediate goal is to decide this summer where he will begin his post graduate education and to "overcome some of the obstacles of getting the new clinic fully functional" in the context of Navy downsizing. His long-term goal entails completion of post graduate work in organizational development, "with the view of working full time as an evangelist" after retirement.

LT Wamble is married to the former Naomi Cannon. The couple have two children, 10-year-old Christopher and 5-year-old Christina.



Entrance to the Branch Medical Clinic. (Official U. S. Navy photo by Andree Marechal-Workman.)

according to the medical clinic's Officer in Charge, Lieutenant Carl Wamble, MSC, USN.

"I am very proud to be a part of this milestone in Navy history," he said. "The construction of this facility, together with the quality of its manning by exceptionally talented medical/dental professionals, is a sterling example of the Navy's commitment to Total Quality Leadership that puts resources where they are most needed."

Equally proud, the medical

suffered delays caused by the earthquake, the Persian Gulf war and the threat of base closure.

"It will serve more than 80,000 active duty military and retired personnel currently living in the San Francisco Bay Area," LT Wamble added. "It is one of the most modern Navy medical/dental facilities on the West Coast."

Branch Medical/Dental Clinic Treasure Island is under the leadership of Rear Admiral

Center San Francisco led by its commanding officer, CAPT E. T. Rippert, DC. However, since both Naval Hospital Oakland and Naval Dental Center San Francisco are within the province of the San Francisco Medical Command, they are both under the leadership of RADM Buckendorf, who is commander of the San Francisco Medical Command. He is double hatted and mans the helms of both the San Francisco Medical Command and Naval Hospital Oakland).

See Ribbon cutting page 4,5

Perspectives

From the Executive Officer



CAPT Noel A. Hyde

Dr. Martin Luther King, Jr. has become a great name in American history. He had a dream for a better America, a dream that transcends all the differences that make up our pluralistic society — a dream that an assassin's bullet couldn't stop his sharing with the rest of the world.

Since that shameful day in 1968, each year, Americans of all ethnic backgrounds have participated in commemorating ceremonies. This year, according to the Martin Luther King Jr. Center for Nonviolent Social Change in Atlanta, GA, Americans representing every state gathered in the famed civil rights

leader's hometown to participate in the annual King Week parade and march. Underscoring the military's role in stepping up integration in the United States, several bands, color guards, drill teams, marching units and logistical outfits joined in the celebration whose theme was "Where Do We Go From Here? Nonviolence: A Blueprint for Life?"

Here, at Naval Hospital Oakland, we are proud of our commitment to integration. We have vigorously worked to insure Dr. King's dream lives on, and we continue to support the principles that he stood for. We are proud to have kept pace with Navy-wide integration efforts, and look forward to a color blind future, when all men and women will truly be equal in a non-violent society.

Attention all clinics!

Please remind your patients who need to schedule or cancel appointments to call (510) 633-6000, the hospital's main appointment number, Monday through Friday, 8 a.m. to 4:30 p.m.

This will free clinic telephone lines and avoid busy signals when the patients call the clinics directly.

Point of contact for further information is LTJG Mark Stevenson at 633-5170.



CDR Ernie Ghent, former head of Patient Administration Department (right), reads the Certificate of Reenlistment to HM3 Ralph Constantino of Outpatient Administration. LTJG Mark Stevenson gives word of approval in a background. (Official U. S. Navy photo by A. Marechal Workman)

NNOA helps with minority recruitment

COMNAVBASE SAN FRANCISCO, CA. — The Bay Area Chapter, National Naval Officers Association (NNOA) invites all officers of the Navy, Marine Corps, Coast Guard and retirees to join our chapter in serving the sea services and our community. Associate membership is open to Army and Air Force officers, as well as civilians. "NNOA goals are to improve and assist with minority recruiting in the sea service," said Lieutenant Commander (Ret.) James Haskins.

"We also assist in establishing and maintaining a positive image of the sea services in the community." LCDR Haskins is NNOA treasurer and manager of Envisions Program. He can be reached at (510) 638-3802 for more details on the association. Other points of contact for additional information are NNOA president, LCDR Denise J. McCalla, (415) 395-5329 and vice president, Commander Linda Fuller, (510) 633-5119.

Naval Hospital Oakland
January Awards

Letter of Commendation for East Bay Fire:

- HN Dietrich Cole
- HN Jeffrey Hanes
- HN Kevin Parker
- HA Larry Griffith
- HA Jason Hoffman
- HA Alvin Newton

Length of Federal Service Award:
10 Years

- Janie Robinson
- Neil Thomas

30 Years

- Chesta Brantley
- Elizabeth Morris

Sailor of the Month for November:

- HN Ellis Pummell

Good Conduct: (First)

- HM2 Hector Gonzalez
- HM2 Gregory Eidson
- HM3 John Krajnovich
- HM3 Brian Legg

(Second)

- HM2 Louise Radke

Navy Achievement Medal: (First)

- LCDR Frank Martinez
- HMCS Kelsey Fry
- SHCS Patricio Gregorio
- HMC Johnnie Coleman

(Second)

- LCDR Nute Meeker

Navy Commendation Medal: (First)

- CAPT Donald Greenfield
- PNCM Betty McClyman
- ABC Francis Alioto

(Second)

- CDR Donald Jensen
- CDR Dorothy Michael

Meritorious Service Medal: (First)

- CAPT Richard Osborne

(Second)

- CAPT Robert Abbe

Defense Meritorious Service Medal:

- LCDR Richard Fletcher

Red Rover

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Executive Officer

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Andree Marechal-Workman

Editorial Assistants

JO2 Stephen R. Brown
JOSN Kyna S. Kirkpatrick

Making his dream live on

More people visit King Center than Vietnam Vets Memorial



Christine Nazar-Ronn seems entranced by photographs in the Martin Luther King Jr. Museum.

By Rudi Williams
American Forces Information

The most-visited National Park Service facilities are dedicated to a man of peace and to those who lost their lives in battle.

Some 2.6 million people vis-

ited the Martin Luther King Jr. Center for Nonviolent Social Change in Atlanta in the first 10 months of 1991. In 1990, the Vietnam Veterans Memorial in Washington, D.C., received 2.5 million visitors.

Those who journey to the Vietnam Veterans Memorial pay homage to those killed or listed missing in action in Southeast Asia, while others weep over the loss of friends and relatives. Visitors to the Martin Luther King Jr. center pay homage and weep for the loss of a man of peace and love for all people.

His widow, Coretta Scott King, said his words were a key that opened the dungeon of bigotry and racial hatred, freeing the spirits of equality, justice and brotherly love.

He is called a great man, but Martin Luther King Jr. said: "Everybody can be great because anybody can serve... You only need a heart full of grace, a soul generated by love."

Love and curiosity draw people from every country on Earth to the King center, said center officials. They all come, kings, queens, presidents, prime ministers, ambassadors

and superstars. And then there are the average folk like Christine Nazar-Ronn of Atlanta, who recently toured the center.

"Martin Luther King Jr. made me aware that everything isn't equal," said Nazar-Ronn, a native of Toledo, OH. "There are some real inequalities that, when you grow up in a white middle-class family, you don't see or hear about. You grow up with rosy glasses that everything is fine. But there are different environments where things aren't fair. But it's OK because it can change to become fair."

Recalling the riots in Detroit after King was assassinated, Nazar-Ronn said she was startled by the difference in people's attitudes when her family moved to Houston in 1980. "I don't know if it's complacency," she said. "then you come to Atlanta and say to yourself, 'You can't give up hope for anybody.'"

"When you look at the man in that picture over there that was donated by [Jack] Kemp (secretary of Housing and Urban Development), it's a wonderful, moving picture," she said, pointing at a photograph in the

Martin Luther King Jr. Museum. The picture is of a Chinese man with a determined expression of his face, carrying a sign supporting the fight for civil rights in his country.

Under the photograph Kemp wrote: "The dream lives on, not only in America, but in China and around the world. Jack



Captain Herman Kibble

Kemp, Jan. 14, 1990."

"As much pain as there is, you just can't give up hope," Nazar-Ronn said.

(Editor's Note: A special program of observance was held on Jan. 15 in Naval Hospital Oakland's Clinical Assembly. CAPT Herman Kibble, head of Pastoral Care, was the featured speaker.)

New Surface Warfare Medical Department Officer designation

By JOC John S. Verrico,
USNR
Navy Bureau of Medicine
and Surgery

WASHINGTON (BUMED) ... You've seen them, those fancy insignias above the ribbons that everyone seems to be wearing these days. Perhaps you even have one yourself. Surface Warfare. Submarine Warfare. Air Warfare.

Well, now there's a new one ... Surface Warfare Medical De-

partment Officer (SWMDO).

Designed to recognize the significant contributions made by the officers of the Medical, Dental, Medical Service and Nurse Corps while serving on surface ships, the SWMDO qualification distinguishes a Medical Department officer or warrant officer from his or her peers.

SWMDO candidates will complete a variety of Personnel Qualification Standards (PQS), such as Division Officer Afloat, Deck Watches in Port and des-

ignated sections of the Surface Warfare Officer and Surface Warfare Officer Engineering PQS's, and then display this wealth of knowledge before a multi-member board.

Those Medical Department officers who have previously qualified for the Surface Warfare designation may apply for the new SWMDO upon completion of six months satisfactory duty in a shipboard Medical Department.

As in other warfare designa-

tions, the new SWMDO program is not mandatory, and progress toward qualifications should be done on the officers' own time so as not to interfere with their primary duties.

In order to qualify for this new decoration, a servicemember must be a commissioned officer assigned to a commissioned U.S. Navy or Military Sealift Command ship. Reserve officers may also be eligible if they have been assigned to an afloat reserve unit for a minimum of 96

drill periods within three years, with at least 40 of those drills performed on board ship; if they pursue qualifications over a minimum of three two-week Annual Training (AT) periods and make documented contributions to a successful Medical or Dental Readiness Evaluation (MRE/DRE).

For more information about qualifications and waivers, refer to Chief of Naval Operations Instruction 1412.8.

From the Master Chief Petty Officer of the Navy



In my recent travels I have often been asked about the unavailability of birth control pills and the lack of medical appointments needed to get a Papanicolaou (PaP) smear to obtain the pills. I asked these questions of several medical commands at various locations. This is what I was told.

Every female gets a PaP smear in boot camp. By scheduling well in advance for an appointment to get subsequent PaP smears, they can prevent frustration of not being able to get the contraceptive on time.

As long as a sailor has a current PaP smear, the time spent at sick call to get the prescription for birth control pills varies from 10 minutes to 1.5 hours. If the PaP smear has not been kept current, getting an appointment for the test can range from same-day service to two months. After the PaP smear has been taken, it takes approximately six weeks to get the results. It could take longer on deployed ships because the PaP smear must be sent to the nearest military hospital.

We've taken aim at shorten-

ing the six-week waiting period to a time much more workable to sailors' time-restricting schedule. Until two years ago, the Navy didn't have a school for the pathologist Naval Enlisted Code (NEC) required to test and read the PaP. We now have the necessary school, and we also use the Army's training program in order to give as many people the opportunity to attend the school.

Last year the NEC was manned at 28 percent. Currently, it is at 44 percent, and within two years will be fully manned. This will

make a remarkable difference in relieving the extensive waiting time for test results to return to the originating command.

We're taking steps to smooth out the frustrating ordeal it now takes to provide this service. You can help by getting this information out to your female sailors, and by providing counseling to them about getting their PaP smears well in advance.

MCPON Dwayne R. Bushey

Branch Medical/Dental Clinic is

Ribbon cutting (From page 1)

Official U.S. Navy



HN Cynthia Frazer is a technician who works in the Clinic's Laboratory.



RADMs Merrill Ruck (2nd from ribbon that ushers the clinic in Commander, COMNAVBASE Dental Corps, look on.



Acting Senior Enlisted Advisor HMC Theresa Linn poses for the camera while waiting for the ceremonies to begin. She is one of the 35 enlisted service members onboard at BMC Treasure Island.



X-Ray technician HM2 K posing with a state of the arts X-Ray machine.

unched in 21st Century

by A. Marechal-Workman



William Buckendorf join hands to cut the century. RADM John Bitoff (Ret), former o, and RADM Milton Clegg, Chief of the



Rooting section from Naval Hospital Oakland. (From left), front row: CAPT and Mrs. Herbert Speir, III, MSC; 2nd row: CAPT Robert Abbe, MC; LT Paulucci; CAPT John Rowe, MC; and CDR Bernadette Grice, NC.



dt demonstrates



RADM Buckendorf, MC, (left) congratulates LT Craig Anderson, MSC, after pinning him with the Navy Commendation Medal, 2nd Award, Gold Star. LT Anderson, who is the medical construction liaison officer for the entire Pacific Northwest region, received the award for the superb job he did in planning and constructing several medical facilities in the region.

Naval Hospital Oakland Physical/Occupational Therapy Department Up Close

What is your job? Acting head of Physical/Occupational Therapy Department. Responsible for evaluation and treatment of patients, as well as responsible for administrative duties for the department. I supervise three officers, 20 enlisted and three civilians.

Marital status: Married.

Spouse: John H. Tucker.

Hometown: Atlanta, GA.

Hobbies: Photography and sports.

Likes: Attending church, bible study and serving God.

Dislikes: To see people unhappy.

What is the most challenging part of your job? Being able to provide an "effective" treatment plan that will make my patients better.

What is your immediate goal? To become certified as an athletic trainer.

What is your long-term goal? To obtain a PhD in Administration and go into private practice once my naval career is over.

If I could do it all over again, I'd: Do what I am doing now. I enjoy what I am doing and I am very satisfied with my life.

I wish I could stop: People from treating each other unfairly.

I respect myself for : Upholding my Christian standards in the midst of a corrupt world.

Role models/heroes: Dr. Lynda Woodruff, my Physical Therapy professor.

Special comments: I really enjoy my career as a physical therapist. I think I have one of the greatest group of professionals working in the department (officer, enlisted and civilian).



LT Pamela Tucker, MSC

What is your job? Instructor for Navy Physical Therapy students, civilian Physical Therapy Association programs. I am also the department education petty officer and I maintain the patient load in the department.

Marital status: Single.

Children: Chelsea Rae, 4; Tanya Fae 2.

Hometown: Modesto, CA.

Hobbies: Fishing and auto repair.

Likes: Country music, multi-faceted mystery books and people (old).

Dislikes: People who can't smile and people who litter.

What is the most challenging part of your job? Getting my students up to the same level in knowledge, skills and confidence. Deal with problem patients and motivating patients who want to give up.

What is your immediate goal? Finish my bachelor's degree in science, make E-6 and take the state exam for certification in Physical Therapy.

What is your long-term goal? Complete my masters in education, see my girls go to college and eventually marry someone to share my life with.

If I could do it all over again, I'd: Not volunteer to go to Saudi Arabia, and would have requested schooling in additional areas (ie, medical repair or research).

I wish I could stop: People from taking other people for granted, it only hurts them both.

I respect myself for: Trying to be a good leader and being able to pass my knowledge on to my students.

Role models/heroes: My father because he was always willing to take time with me.

Special comments: P.I.C.K. - PERSONAL, INITIATIVE, CONFIDENCE, KNOWLEDGE. Only you as an individual can pick what you want to be in the world.



HM2 Daniel Hurst, USN

What is your job? Front desk manager and tracking databases for the clinic.

Marital status: Married.

Spouse: Lee Sandstede.

Hometown: Silverdale, WA.

Hobbies: Crossstitch and crafts.

Likes: Exercising.

What is the most challenging part of your job? Communicating to patients and understanding their needs.

What is your immediate goal? To complete my bachelor's degree.

What is your long-term goal? To be a housewife and have children.

If I could not do it all over again, I'd: Not change anything. I am very satisfied with my life.

I wish I could stop: Prejudice.

I respect myself for: Sticking to my belief in God.

Role models/heroes: My parents and Jesus Christ.



Wendy Sandstede

From the Chaplain



"There is no race in grace"

By ENS Louis Rosa

This month we commemorate the life of the Rev. Dr. Martin Luther King Jr. His life is a tribute to the ideals that have made all ordinary people extraordinary. The ideals which he held are not new. Liberty, justice, equality and peace are the goals which the human race has sought since the beginning of history.

Dr. King's life is a reminder to all that these ideals are attainable by all who believe and do not surrender to pessimism and shame. Dr. King was a Reverend. His faith in God was the anchor to pursue the long road ahead of him in the quest for civil rights. He truly understood that there is no race in grace. Freedom for all, male or female, black, white, red or yellow, rich or poor, weak or strong.

Mr. King is extraordinary because he was consistent to his dream. He was unwavering in the midst of strife and opposition. Einstein once said: "great spirits have always encountered violent oppositions from mediocre minds." Martin Luther King, Jr. flushed out the mediocrity of prejudice and hate stemming from ignorance and fear. This did not come without a large price. He paid with his life. He was extraordinary because it is rare to meet someone who lives by what we believe and are willing to die for.

So what can be our tribute to the memory of such a great man? Let us, as ordinary people, dream dreams and hold fast to them. Let us join together regardless of the color of our skin or gender and stand against the things that would demean our value. As we struggle to live out consistently the ideals of justice, liberty, equality and peace, let us also be willing to defend them at whatever cost for the sake of our future generations.

Filipino-American Association

Naval Hospital Oakland's Filipino-American Association elected the following new officers recently. They represent the more than 200 active duty and civilian staff in the command.

President	HM1 Edward Gray (Outpatient Administration)
Vice President	DT1 Tomas Calimlim (Dental)
Secretary	YN2 Keith Gleason (PSD)
Treasurer	HM1 Mario Tanguilig (Medical Repair)
Public Relations Officers	HM1 Edgar Alayon (Pharmacy) HM1 Noel Arquero (Laboratory)
Special Advisors	CAPT Roger Espiritu LT Victor Corpuz MACM Leo Del Rosario Mr. Randy Ortega Mr. Renato Mangosong

The organization's main objectives and goals are several fold: To gain recognition for the FIL-AM culture and heritage through participation in various social and cultural activities; to enhance inter-social and international understanding throughout the command and to support and assist the command's policy on human relations and equal opportunity programs.

For your health

Are you ready for your Physical Readiness Test?



By LTJG Lea Beilman

With the Physical Readiness Testing (PRT) fast approaching (body fat measurements mid-February), it's time to think about decreasing your calories and waist line!

- The following suggestions from the Navy's "Forge The Future" program (NAVPERS 15602), for eating in the general mess may be helpful.
- 1. For breakfast choose cereal and milk or eggs and toast. Do not choose more than one meat item. Use very little butter/margarine and syrup. If you eat eggs, choose just one egg serving and fill in with toast or unsweetened cereal.
 - 2. Beverages: Tea or coffee, diet sodas and water are calorie free. Choose low fat/skim milk. Reduce intake of sweetened fruit-flavored drinks (bug juice), sodas and fruit juices. Use extra ice in your glass or smaller glasses for higher calorie beverages.
 - 3. Select a non-fried entree, vegetable and potato (starch) or bread if available. If meat is breaded or chicken has crispy skin, take off breading and

- discard it. Ask for smaller portions.
 - 4. Ask the server to leave off the gravy or sauce.
 - 5. Use very little or no butter/margarine on breads and vegetables.
 - 6. Use diet dressing on your salads if available — selecting French or Italian as they are lower in calories than thick creamy dressings.
 - 7. Balance your meal. Most casserole items contain a starch serving. Choose a low calorie or unbuttered vegetable as a side dish.
 - 8. Desserts: choose fruits, low fat yogurt or very small portions of desserts and baked goods.
- If you need to lose weight, the time to make changes is now. The PRT is less than a month away, so start exercising and eating right if you are not already doing so. For more information contact the Food Management Department at 633-5820.

Civilian Corner

What every former military civilian employee should know about post-1956 military service credit

Military service performed before Jan. 1, 1957 is automatically credited for civil service retirement purposes. Military service performed from Jan. 1, 1957 on usually requires a deposit, prior to retirement, for the military time to be credited. Use the chart below to determine if you need to make a deposit for post-1956 military service:

Service credit for post-1956 military service

To assist you in deciding whether you should pay a service credit deposit for military service performed after 1956, answer the four questions below. First, select the answer to question one that fits your employment situation. Then going across the page, select your answer to question two from the box(es) next to your first answer. Continue with questions three and four skipping any marked "not applicable." The information in the last paragraph shows how paying the deposit will affect credit for your post 1956 military service.

1. When were you first employed in a position subject to retirement deductions?	2. Are you getting military retired pay under conditions barring civil service credit for the military service?	3. Will you be eligible for social security benefits when you retire?	4. Will you become eligible for social security benefits after you retire?	Effect of Deposit****	
				If deposit is...	Credit for post-1956 military service is...
Covered by CSRS Before 1 October 1982	Yes	Not applicable	Not applicable	Paid or not paid	Not allowed (See note 1)
	No	Yes	Not applicable	Paid	Allowed
Covered by CSRS After 30 September 1982, but before 1 January 1984	Yes	Not applicable	Yes	Not paid	Not allowed
	No	Not applicable	Not applicable	Paid	Allowed (See note 2)
Covered by FERS	Yes	Not applicable	Not applicable	Paid or not paid	Not allowed
	No	Yes or no	Yes or no	Paid	Allowed

Note 1: You'll get NO credit for military service used in computing your military retired pay (including service performed before 1957).

Note 2: You'll get credit for your post-1956 military service at retirement, but when you become eligible for social security benefits, your civil service annuity will be reduced to remove credit for that service.

**If you are getting military retired or retainers pay, see Paragraph 5d of this instruction.

***For information about your eligibility for social security benefits, contact the Social Security Administration.

****If you are retiring due to disability and you are eligible for an annuity computed under the guaranteed minimum provisions it is possible that paying the deposit will not affect the amount of your annuity. Ask the Civilian Personnel Office to determine how this provision affects you.

The amount of deposit will be 3 percent of the earnings you received while in the military during the post-56 period if you are covered by the Federal Employees Retirement System (FERS) or 7 percent of earnings if covered by the Civil Service Retirement System (CSRS).

The deposit can be made at any time up to the time of retirement, but interest will be charged if the deposit is not made within two years after initial hire.

Contact Sydney Santos at 633-6374 for additional information and/or a form to request earnings from the military service.

Oak Knoll News

Sea West Federal Credit Union sponsors income tax seminars

If you need help preparing your 1991 income taxes, attend Sea West Federal Credit Union's FREE tax seminars on Thursday, Jan. 30 at Naval Hospital Oakland's Club Knoll.

Commander Salvador Romo (Retired), a practicing tax consultant will hold two seminars. The first one begins at 4:45 p.m., when CDR Romo will give a basic overview of how to prepare 1040A and 1040EZ short forms. He will also explain the definitions of tax terms. The second seminar begins at 6 p.m. and will cover the more complicated 1040 long forms, stock transactions, itemized deductions, rental property and California non-resident returns.

If you have any questions about how to prepare your tax returns, don't miss this opportunity to get your questions answered for free. Just call the Credit Union to R.S.V.P. by Jan. 24 at (510) 568-4100. Point of contact for further information is Robin Boyle.

Stop Smoking classes

Stop smoking seminars will begin Feb. 5 in room 3-6-12 across from the Clinical Assembly, from 4-6 p.m. Information and schedule will be given for "Fresh Start," a program sponsored by the American Cancer Society and Patient Education beginning in February 1992. Classes are open to all, but a commitment to attend six two-hour classes is necessary:

- Monday Feb 10 4-6 p.m.
- Wednesday Feb 12 4-6 p.m.
- Tuesday Feb 18 4-6 p.m.
- Tuesday Mar 3 4-6 p.m.

No referral required. Contact Aggie Freeman, RN, 633-5454/beeper 801-9076 to enroll.

Attention military spouses

The Military Spouse Business and Professional Network will host a meeting on Jan. 28, exploring temporary professional work and executive recruitment. The program will feature J. Michael Burke, a successful human resource specialist in the Bay Area, and will start with hors d'oeuvres at 6 p.m. Interested individuals are invited to attend this No Fee informative meeting that will take

place at Shannon Hall, adjacent to the Chapel at Naval Air Station Alameda. Please RSVP to the Family Service Center at (510) 263-3146, located at NAS Alameda.

The Military Spouse Business and Professional network is a non-profit organization, open to the spouses of both enlisted and officers from all branches of the service.



Aggie Freeman, a registered nurse who conducts Patient Education at Naval Hospital Oakland, speaks to corpsmen during a Drunk Driving Awareness class in the Clinical Assembly. Freeman gave statistics, showed a drunk driving video and Traffic Officer Stephen Bell from the Oakland Police Department was on hand to answer questions.

People in the news

Branch Medical Clinic, Moffett Field

LCDR Kevin Brooks received the Navy Commendation Medal for performance of service as VP-48's Flight Surgeon.

LCDR Ricky Toyama received the Navy Achievement Medal for his performance of duty as the technical representative for the Family Practice Contract.

LT Eric Johnson received the Navy Achievement Medal for his performance of duties while serving as an industrial hygiene officer.

HM2 Jennifer Johnson received a Letter of Commendation for her superior

performance of duty while attached to the Branch Medical Clinic.

HM3 Kari Hilliker received a Letter of Commendation for her exemplary performance of duty while assigned to U.S. Naval Hospital Okinawa, Japan.

HM2 Otis Mosely received a Certificate of Commendation for his superior performance of duty while serving with Nursing Services, Lima Company, 1st Medical Battalion, 1st Force Service Support Group in the Kingdom of Saudi Arabia.

HMC Marilyn LaRose,

HM2 Edward Velasquez, HM2 Bruce Adams, HN Jeffrey Collins, HN Annette Cooley and HN Scott Kurosad all received Letters of Appreciation for participation at Moffett Field's Navy and Marine Corps Retiree Health Fair.

HM2 Bruce Adams, HM2 Ceferino Sanchez, HM2 Thomas John and HM2 Bobby Kennedy all received Letters of Appreciation for participation at Onizuka Air Force Base's Health Fair.

HM2 Edward Velasquez, HM2 Thomas John, HM3 Scott Crawford and AN\

Patrick Ventrillo all received Letters of Appreciation for their efforts as key workers for the Combined Federal Campaign.

HM2 Jennifer Johnson received a Letter of Commendation and a Letter of Recognition on her nomination as Sailor of the Month for October 1991.

Vanessa Thomison, HN Pamela Rudd, LCDR Robert Fletcher, ENS Eliette Palau, HM1 Ephraim Cruz, HM2 Jeffrey Macanuff, HM3 Kari Hilliker, HMC Phillip Leach, HN Lee Flannigan, and AZC Myrna Villa.

Farewell to:

Welcome aboard to:

LCDR Bruce Mikesell, HM3 Stephanie Palm, HM2 Roel Olivares, HMC Jose Cayan, HM3 Julio Rivera, HM2 Edythe Norton and HM3 Janes Westbrooks.

DoD authorizes medal for civilian Gulf War service

By Master Sgt. Linda Lee, USA
American Forces Information Service

Department of Defense (DoD) civilian employees who worked in the Persian Gulf area during *Operations Desert Shield and Desert Storm* will receive a newly authorized medal.

The medal, said Christopher Jehn, "symbolizes the importance that the Department of Defense attaches to civilian service and recognizes the value of the civil service in helping to accomplish our nation's objectives." Jehn is assistant secretary of defense for force management and personnel.

About 4,000 appropriated-and non-appropriated-fund civilian employees are eligible for the award. Jehn said civilian employees contributed substantially to the military effort and endured the same hazards and conditions that faced the military. They engaged in a wide variety of jobs ranging

from engineering, transportation and maintenance to operating exchange stores and morale, welfare and recreation activities, he remarked.

Certain non-DoD workers from organizations such as the Red Cross, United Service Organizations and Civil Reserve Air Fleet who provided support in theater will also receive the medal.

Civilians who served in support of the operation any time from Aug. 2, 1990, through April 11, 1991, and were physically located in an area designated a combat zone are eligible to receive the medal. Also eligible are those who began working in theater after April 11, 1991, and served 30 consecutive days or 60 non-consecutive days in those areas.

In addition, civilian employees stationed in Israel, Egypt, Turkey, Syria or Jordan at any time from Jan. 17 through April 11, 1991, will receive the medal. "Stationed in" includes airspace and territorial waters.

The termination date for award eligibility will be the same as the one established for the *Desert Storm* campaign star for the military's Southwest Asia Service Medal, said Jehn.

The new civilian medal, designed by the U.S. Army Institute of Heraldry, is the first of its kind since the Vietnam War, said Jehn. Similar military designs, it is intended largely for display; recipients will also receive a lapel pin to wear.

The front of the medal depicts crossed swords, a shield and a torch. "*Desert Shield/Desert Storm*" is inscribed on the front. According to Jehn the swords represent cooperation and strength, while the shield symbolizes military preparedness and a strong defense. The torch, adapted from the Statue of Liberty, brings to mind leadership, freedom and deliverance from oppression, he said.

Officials said the medal should be available for presentation within the next few months.

Back basics

How to align your spine

WASHINGTON (NES) — Your back is at work 24-hours-a-day — every time you sit, stand, lift, bend over or lie down. Your back holds you up, protects your spinal cord and anchors your muscles and ligaments. Yet until the pain strikes, we take it all for granted. Many back problems can be prevented, so don't wait until it's too late. You can take several steps to keep your back in shape and yourself out of traction or surgery.

Keep fit

Eat healthy foods, maintain a trim body, exercise regularly and consult your doctor before beginning a diet or exercise program. Your back begins to show signs of general wear and tear about age 20, so it's never too early to get in shape.

Sit with support

Did you know that keeping your stomach flat when you stand or sit is good for your back? Select a chair that offers firm back support and prop your feet on a stool. Most easy chairs are not easy on your back. Adjust the seat in your car so your knees are bent higher than your hips. Wherever you are, stand up and stretch at least once an hour to get the kinks out.

Stand up straight

Slouching and high heels are major back-ache culprits. Find a full-length mirror and see the image you project to others: Do you appear dynamic and ready for action?

Experience the joy of shoes that feel good to your feet. If you spend a great deal of time on your feet, select supportive, cushioned shoes. Find a way to rest one foot on a stool or box and change your position often.

Let your legs do the lifting

Whenever you pick up something, squat down to pick it up. Grasp it firmly, move it close to your body and keep your back straight. Then slowly lift by straitening your legs. Use your leg muscles, they are much stronger than your back. Find someone to help if the object is heavy.

Sleep in comfort

Sleep on your side, knees bent with a small pillow to align your head with your spine. Select a firm mattress or slip a sheet of plywood under a soft one.

Four of every five people will injure their backs at some point in time. Most of these injuries are preventable and caused by neglect. Keep yourself and your back in line.

(Reprinted from Tester, NAS Patuxent, Md.)

Quality Improvement Update

"Quality is a journey... not a distinction"
The old way and the new way

OLD WAY	NEW WAY
Poor quality and defects come from people	Poor quality and defects come from complex processes
Quality is fine	Quality can and must be improved
We don't have time to improve quality	We don't have time not to improve quality
Use intuition and the latest technology to address problems	Collect data and act with knowledge to address problems
Checking, data reporting, exhorting people giving them incentives insure quality	Analysis and understanding of processes insure quality
Customers and suppliers are problems	Customers and suppliers are partners
Is this good enough?	How could this be better?



The Red Rover

The Navy's
First
Commissioned
Hospital
Ship

Volume 4-Number 2

Naval Hospital Oakland, California 94627-5000

February 3, 1992

Patient Administration

A vital part of Naval Hospital Oakland's quality operation

by Andree Marechal-Workman

Everyone at Oak Knoll is aware of the Patient Administration Department, or Patient Admin, as it is commonly referred to at the command. But, does anyone really know the scope of its operation and what it takes to make it run smoothly?

Patient Admin, which is detailed on the accompanying organizational chart, consists of a well organized group of military and civilian personnel working together toward a common goal: to provide the best service possible to an ever growing beneficiary population in the face of budget cutbacks.

LCDR Stephen M. Astrachan, MSC, who is double hatted as head of the overall department and of the Inpatient Administration Division, said that a staff of 85 dedicated staff members successfully meet the workload despite the civilian staff cutbacks which he stated constitute the greatest problem his



(From left) LT Scott Kendall, LT Victor Corpuz and Kim Hunter review access reports to determine the number of delinquent medical records. Kim Hunter is head of the Data Management Division. (Official U.S. Navy photo by A. Marechal-Workman)

were deployed to the Persian Gulf, including its (then) head, Commander Ernie Ghent, MSC. He was also alluding to the subsequent arrival of a wave of

spans a whole range of activities such as admission, processing and disposition of inpatient/outpatient records; preparation and maintenance of correspondence, reports and statistics pertaining to professional care and treatment of patients; performance of transcription services; processing of medical boards; supervising the health benefit program, among others (see chart) — a tall order which team spirit and allegiance to a belief in quality operation make the smooth running of the department's heavy workload possible.

"We are blessed with a gifted, caring and industrious staff," LCDR Astrachan said with conviction, "and that makes all the difference in the world."

However, downsizing and base closures, especially that of Letterman Army Medical Center (LAMC), doesn't make the job easier. "Our major concern in regard to LAMC downsizing is in the receipt of a substantial number of additional outpatient records," explained LCDR Astrachan, adding that a consolidation of all records in one location would help the situation considerably. "Right now we have records in three different locations," he elaborated, "but we hope that, with additional shelving, we will be able to reconsolidate our outpatient records program in one location."

Meanwhile, in line with the command-

endorsed TQL philosophy which emphasizes process improvement, the department has introduced a number of changes for the betterment of patient service; for example, the Tri-Service Patient Appointment Scheduling System (TRIPAS) that streamlined operations

"I think our hospital has a good working team relationship...and I intend to keep Patient Administration an active part of that team..."

and gave patients better access to the hospital's individual clinics.

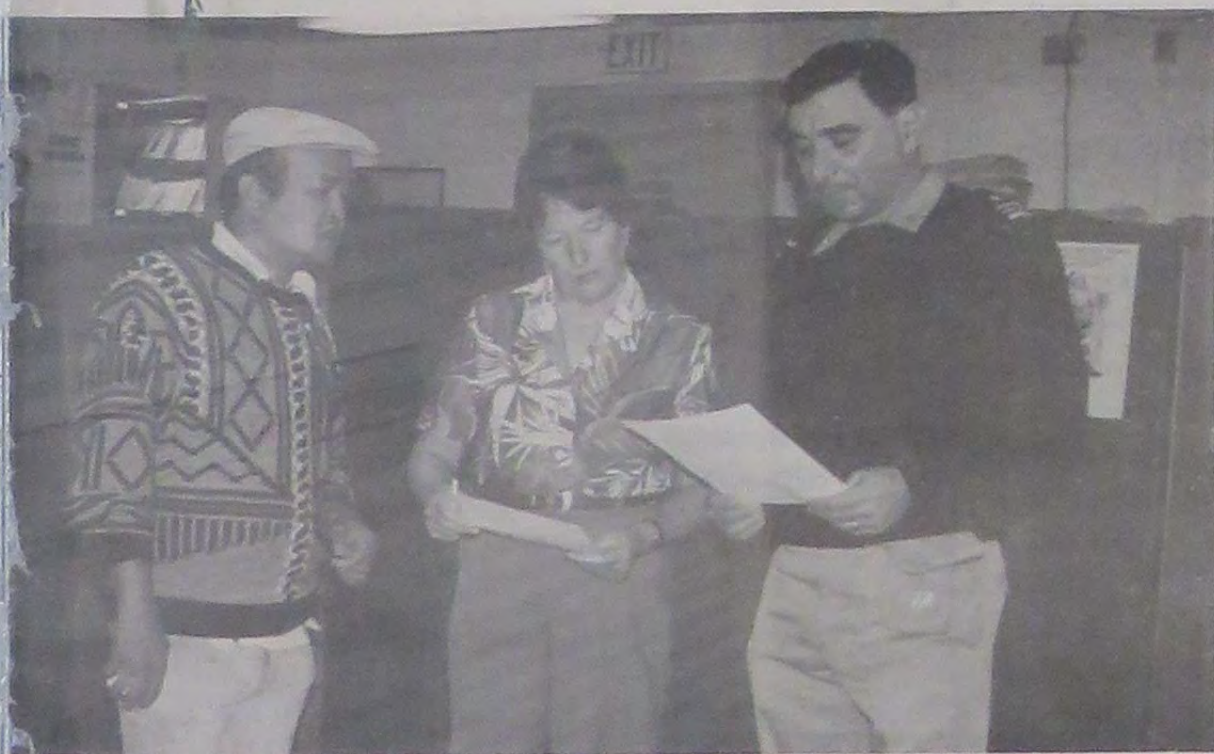
But this is not the only improvement that is being contemplated, according to LCDR Astrachan. "We have contacted the hospital's Quality Assurance Unit about starting a Process Action Team (PAT) to review some portion of the patient record program," he said. "We had a very exhaustive meeting with LCDR Carol Bohn [head of Quality Assurance] and we will continue to attend additional meetings until we can get our PAT team working."

"Our greatest challenge is the inpatient records program," the very busy head of the department emphasized, "reorganizing and restructuring it, so that we may consistently meet the Joint Commission for the Accreditation of Healthcare Organizations' (JCAHO) standard for records."

LCDR Astrachan praised the team spirit pervading the entire command. "I think our hospital has a good working team relationship," he said proudly, "and I intend to keep Patient Administration an active part of that team, working with others continually to resolve problems and seek improvement."

(Editor's Note: For details on the TRIPAS system, see story by JOSN Kyna McKimson published in Red Rover's April 1991 issue, page 3.)

Continued on page 5



(From right) LCDR Astrachan and Joan Jackson discuss a report submitted by Inpatient Division Admissions Clerk Ben Fumar. (Official U.S. Navy photo by A. Marechal-Workman)

department is facing at the present time.

According to LCDR Astrachan, the cutbacks result from vacant civilian billets that are not being filled due to the current department of Defense mandated downsizing.

"We are very interested in following and implementing the philosophy of instant improvement in service," he said emphatically. "Though, during the past year, we had discontinuities [due to] circumstances beyond our control, we have never changed our goal to seek instant improvement of service, and I think we're succeeding despite the difficulties we've encountered."

The discontinuity LCDR Astrachan referred to is the upheaval caused by Operation Desert Shield/Storm a year ago, when a majority of military personnel

replacement reservists and, finally, to the return of the deployed service members — each instance bringing administrative disruptions which the staff nevertheless took in their stride.

... the Patient Administration Department's mission is to provide support for the hospital's beneficiary population.

According to its leader, the Patient Administration Department's mission is to provide support for the hospital's beneficiary population. This support

Inside your Red Rover

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Perspectives

NHO Staffer recognized for exceptional service

SACRAMENTO, CA. — Chesta Brantley, health benefits advisor at Naval Hospital Oakland, has been recognized for exceptional effort in support of the Uniformed Services Active Duty Dependents Dental plan. DDP*DELTA, the administrator for the dental plan, selected her to receive an Award of Excellence. The award is presented “in grateful recognition of outstanding support of the Uniformed Services Active Duty Dependents Dental Plan” through her professional assistance with enrollment activities on behalf of service members and dependents at NHO.

The DDP*DELTA Award of Excellence is presented on a very limited basis to Uniformed Service staff who genuinely go above and beyond the call of duty in helping service members and their families become aware of and use Dependents Dental Plan. Dependents Dental Plan is a DoD-sponsored voluntary insurance plan that covers basic dental care, such as checkups and fillings. Most of the premium cost is paid by the member’s branch of service. Enrolled dependents can make appointments with any licensed civilian dentist,



but are entitled to preferred coverage by using the services of any of the more than 108,000 Delta participating dental offices nationwide. At present, about 1.5 million dependents are enrolled in the plan. Service members can enroll their eligible dependents at their military personnel office.

Attention all clinics!

Please remind your patients who need to schedule or cancel appointments to call (510) 633-6000, the hospital's main appointment number, Monday through Friday, 8 a.m. to 4:30 p.m.

This will free clinic telephone lines and avoid busy signals when the patients call the clinics directly.

Point of contact for further information is LTJG Mark Stevenson at 633-5170.

Interested in meeting new people?
Interested in traveling to exotic places?

By A Dynamic Facilitator

TEAM Training (“Treat Everyone as Me”) is a group-oriented discussion focusing on skills leading to better interaction with customers, both external (patients) and internal (co-workers). The group views dramatized skits which prompt interactive group discussion under the guidance of a highly-skilled facilitator. Topics include positive and negative communication, telephone skills and listening and speaking skills.

We were just kidding about traveling to exotic places, but if you are interested in meeting new people and expanding your personal interactive skills, consider volunteering to be a TEAM Approach

facilitator. After a rigorous background check (“Do you drink regular or decaf?”), you’ll be invited to attend a one-day facilitator training course. While learning these valuable facilitator skills, you’ll also be mingling with past, present and future facilitators, meeting the mystery author of this article and consuming coffee and doughnuts, courtesy of TEAM Approach head honcho Chief Karen Delisle. Upon completion of this course, you’ll be offered the chance to facilitate a TEAM Approach class every two or three months.

If you desire more information about this opportunity for personal and professional advancement, call Chief Delisle at 3-5852.

Naval Hospital Oakland
Frocking Ceremony
January 1992

Frocked to E-4

- | | |
|----------------------|---------------------|
| HN Erickson Abitan | HN Christina Kilian |
| HN Douglas Angulo | HN Julius Luguid |
| HN Kevin Avila | HN Colleen McGlone |
| HN Daniel Balthazor | HN Nancy McKechnie |
| HN Jesse Booth | HN Harold O'Donnell |
| HN Ricky Childers | HN Erwin M. Robles |
| HN Micheal Contreras | HN Sean Ryall |
| HN Mark Cotter | HN Suzy Sandager |
| HN Terence Cronin | HN Shelly Schlatt- |
| HN Barry Ellefsen | Burkhardt |
| HN Robert Gamble | HN Rebekah Simmers |
| HN James Heath | HN David Terry |
| HN Darrin Howell | DN Micheal Walker |
| HN Sherry Huckstep | HN Curtis Wehtje |
| HN Dell Hulse | HN Ronnie Williams |
| HN Ray Johnston | HN Troy Williams |
| HN Julie Jones | HN Terry Wise |
| HN Joseph Kascak | HN Andrea Yantomasi |
| HN Terrance Kemmerer | |

Certificate of Appointment (E-5)

- HM2 Leonardo Galan
HM2 Leroy Howard
MS2 Ryan Swan

Frocked to E-5

- | | |
|------------------------|-----------------------|
| ABH3 Margaret Arrilola | RP3 Ronald Mata |
| HM3 Robert Bagley | HM3 Raymond Nielsen |
| MS3 Denise Brown | HM3 Nicholas Pantaleo |
| HM3 Carlos Flores | HM3 Timothy Pitts |
| MS3 Ferguson Harris | MS3 John Reyes |
| HM3 John Kane | HM3 Daniel Townsend |
| ABH3 Dimas Martinez | |

Frocked to E-6

- MS2 Manuel Corpus
HM2 Alvin Grant
HM2 Raol Rimorin
HM2 Sandra Gaines

General Library monthly booklist

Feature book:

Red Sun Setting by William Y'Blood. (940.54)
With the renewed interest in World War II books, coinciding with the anniversary of the Japanese attack on Pearl Harbor, Red Sun Setting is the story of the battle of the Philippine Sea, where our naval forces engaged in dogfights and attacks on Japanese carriers.

Other books:

- Making the Most of your Money by Jane Bryant Quinn (332.0224)
Dangerous Waters by Bill Edson (Fiction)
Regrets Only by Sally Quinn (Fiction)
Deming Management at Work by May Walton (638)
Den of Thieves by James Stewart (Fiction)

The general library is located in Building 101 down the hall from the Post Office.

Red Rover

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Editorial Assistants/Layout and Design	JO2 Stephen R. Brown JOSN Kyna S. McKimson

DoD accepts Saudi Arabia's Kuwait Liberation medal

WASHINGTON, D.C. — The Department of Defense accepted an offer from the Government of Saudi Arabia

The Award was established to honor the outstanding performance of coalition forces in their historic liberation of Kuwait last year.

to award its Kuwait Liberation

Medal to members of the U.S. armed forces who directly participated in Operation Desert Storm. The award was established by King Fahd bin Abdul Aziz of Saudi Arabia to honor the outstanding performance of coalition forces in their historic liberation of Kuwait last year.

The medal is suspended from a green ribbon, with red, black and white stripes incorporating the colors of the flags of Saudi Arabia and Kuwait. The medal depicts a palm tree with crossed sabers, the emblem of the Kingdom of Saudi Arabia,

superimposed on a sunburst, which symbolizes the light of freedom which once again shines over Kuwait. Inside the sun emblem is a globe with a map of the Arabian Peninsula in relief.

To qualify, U.S. military personnel must have been in or flown into the war zone between Jan. 17, 1991, the start of the air war, and Feb. 28, 1991, the cessation of offensive operations. The war zone, as designated by Executive Order 12744, incorporates Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar, the United Arab

...must have participated as a crewmember in at least one aerial mission directly supporting military operations...

Emirates, the Persian Gulf, the Red Sea, the Gulf of Oman, the Gulf of Aden and a portion of the Arabian Sea. Specific eligibility requirements and implementing instructions

will be published by the secretaries of the military departments in the near future. In general, a service member must have served for at least one day with an organization participating in ground/shore operations or aboard a naval vessel directly supporting military operations; or must have participated as a crewmember in at least one aerial mission directly supporting military operations within this zone; or, if temporary duty, must have served for at least 30 consecutive days during this period.

Gulf vets barred from donating blood

(American Forces Information Service) Defense personnel who served in the Persian Gulf region since Aug. 1, 1990, will not be allowed to donate blood because they may carry an infectious parasite.

Sand flies carry the disease, called leishmaniasis. Dr. Enrique Mendez, assistant secretary of defense for health affairs, issued the advisory following the discovery since April of 22 confirmed cases of leishmaniasis among Army gulf returnees.

The ban of blood donations covers DoD military and civilian personnel who served in Saudi Arabia, Kuwait, Iraq, Bahrain, Qatar, the United Arab Emirates, Oman and Yemen.

The organism usually causes an easily treated skin disease, which happened in 15 of the cases. However, doctors at Walter Reed Army Medical center and the Walter Reed Army Institute of Research in Washington, D.C., have identified the infection via bone marrow culture in seven patients who have no skin lesions. The seven have a mild illness involving fever and diarrhea.

Military health officials are trying to determine how prevalent the disease is



A magnified view of a tiny sand fly on a human finger. Infected sand flies carry various forms of leishmaniasis -- some potentially deadly.

among returning service members. The sand fly and parasite are common in the gulf region; aware of this, health officials briefed commanders, staffs and deploying

The sandfly and parasite are common in the gulf region; aware of this, health officials briefed commanders, staffs and deployed troops early on.

troops early on. Armed Forces Pest Management Board specialists at Walter Reed were reluctant to guess the number of people who may come down with the parasite, but "a ballpark estimate is more than 1,000," one spokesman said.

Mendez's halt of returnees blood donations is temporary, but open-ended, DoD spokesmen said. The move will give medical researchers time to develop a screening test for infection and to determine the extent of the medical problem. Among other agencies cooperating in the effort are the Food and Drug Administration, Centers for Disease Control, American Red Cross, American Association of Blood Banks and Council of Community Blood Centers.

Treatment for leishmaniasis takes 30 days.

NHO to hold blood drive

Naval Hospital Oakland is sponsoring a blood drive at the Blood Donor Center located on 5 North. The drive will be held Tuesday, Feb. 11 from 8 a.m.-2 p.m.

Blood supplies must be replenished weekly through ongoing blood drives. Active-duty and retired personnel and their family members benefit from donations made during these drives. Once collected, blood is usable for 35 days, making it essential for continued replenishment through command blood drives. Your assistance can help us meet our blood requirements.

All blood types are needed to make this drive a success. People who visited, were deployed to, or lived in the Persian Gulf region from August 1990 through the present, are requested not to donate blood until further notice.

For more information concerning the drive, contact HM2 Delacruz at 633-5531.

How to make stress work for you, not against you

WASHINGTON (NES) — You've heard it all — stress is bad for you, stress can be good for you, too much distressing, a little blessing — what does it all mean? The right amount of stress is good for you — but what's the right amount?

Understanding stress

First, it helps to know that stress is just the body's reaction to a new situation. Bodies react in the same way whether the situation is welcome or unwelcome — hearts beat faster, adrenaline is produced, breathing is more rapid, we are more alert and may perspire more. All of these responses can be good for you when followed by periods of relaxation. They can give you the competitive edge in sports, keep you alert and concentrated for a test, or can literally save your life in an emergency. But when your body is constantly wound up and can't relax, these same responses can lead to increased blood pressure, anxiety attacks and a wide range of physical disorders.

How much is too much?

There's no set formula to figure out how much stress is too much — one person's stress may be another's motivation. However, if you experience stress-related symptoms such as insomnia, appetite change, excessive fatigue, depression, headache, stomach ailments or muscle tension, you may be feeling the effects of an overly stressed lifestyle — all stress and no relaxation. The key to bringing the stress in your life under control is to avoid or eliminate unnecessary stressful situations. When you can't avoid these types of situations, be sure to balance stressful experiences with periods of relaxation.

Eliminating excess stress

Some stressful situations can be eliminated by creative problem-solving. For instance, if long lines at the shopping mall drive you up a wall, consider shopping from catalogues, over the phone or during "off" hours. You might even consider turning "wasted" time standing in line (or sitting

in traffic) into extra leisure time by bringing along a book, magazine, crossword puzzle or even knitting. Listening to the radio or bringing along a cassette player and a favorite tape is another way of using this time more productively. Many people take along a pad and pencil for sketching or taking notes. You may not be able to avoid stressful situations, but you can turn many into positive experiences.

Making stress work for you

There will always be problems which can't be avoided, eliminated or changed — but they can be balanced by periods of relaxation. You can break the cycle of continuous stress by planning time for relaxation. Five minutes of stretching, deep breathing, a warm bath or uninterrupted silence may be all you need to break the pattern of tension and fatigue. When you set aside time to relax, you'll feel refreshed, revived and better able to handle the situations and challenges you face each day.

NHO sets new CFC record

Text by JO1 Kay Lorentz
Official U.S. Navy photos by JOSN Kyna McKimson

The good news is in from the Naval Hospital Oakland Fall 1991 Combined Federal Campaign Fund Drive. NHO set a new record in both the number of staff members who participated and the total contribution.

Total participation increased from 71.60 percent in 1990 to 76.96 percent in 1991. The grand total for 1990 submitted to CFC was \$62,593.45, and the amount collected for 1991 was \$83,648.54.

Thirty-eight work centers had one hundred percent participation, and eight work centers achieved 85 to 95 percent participation. Their keyworkers will be presented with Letters of Commendation at the command awards ceremony on Feb. 14. The Pastoral Care Department, whose CFC keyworker was RP2 Ronald A. Mata, had the largest donation ratio per staff member of all participating work centers.

Congratulations and thank you to all the workers and contributors who participated in a such a worthwhile cause. Your generosity will help improve the quality of life for many of those in less fortunate circumstances.

Combined Federal Campaign



NHO Commanding Officer Rear Admiral William A. Buckendorf, MC, presented Pastoral Care Department Head Captain Herman L. Kibble, CHC, with a plaque commemorating his department's enthusiastic participation in the CFC Fund Drive.



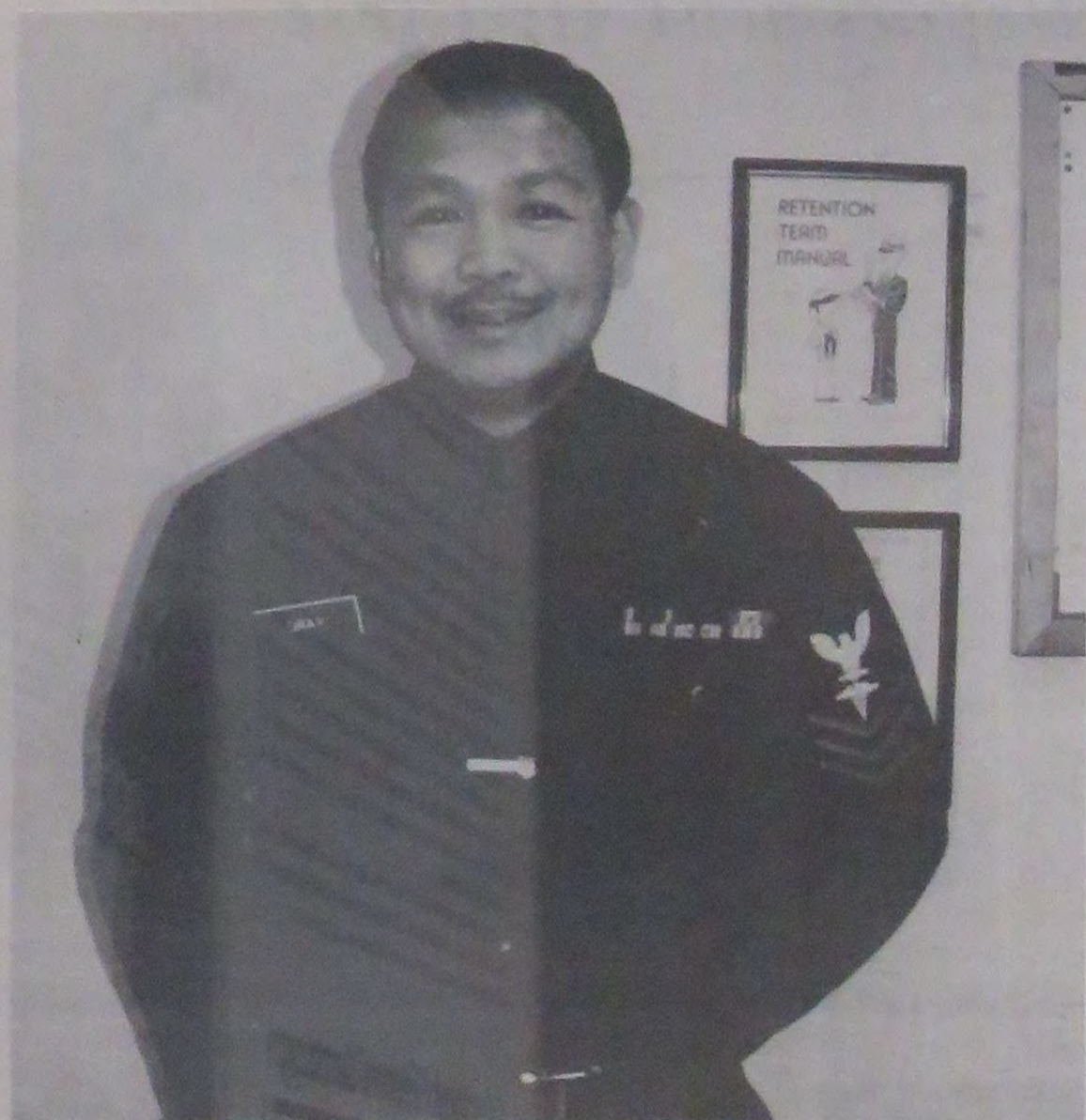
Ann Day from the Oak Knoll Naval Guild presented RP2 Mata with a \$100 check in recognition of his outstanding efforts as keyworker for the campaign.

CFC Keyworkers for 1991

LCDR M. Habel	6 West	HM2 R. Lesley	RLO/
LCDR M. Edwards	Anesthesia		MobPlanning
LCDR L. Navradszky	Mental Health	HM2 M. Lord	Patient Adm
LT J. Tucker	Pediatrics	Ms. S. Cumbee	Fiscal
LT N. Karpachinski	Pharmacy	Mr. J. McCole	Transportation
LT V. Corpuz	SFMC	Ms. A. Rodriguez	Civilian
LT E. Pescatore	OB/GYN		Personnel
ENS S. King	6 West	Ms. S. Hambly	CID
ENS S. Dunaway	Food Services	HM2 B. Powell	Occ Health/
MS1 R. Corpuz	Food Services		Prev Medicine
HM1 A. Boholst	Wellness	HM2 R. Orola	Nursery
	Department	HM2 C. Wurst	Admin Supp
HM1 C. Grushus	Operating	HM2 A. Vintola	Pharmacy
	Mgmt	HM2 D. Dantes	ENT
HM1 D. Hart	Laboratory	HM3 M. Freeland	Nursing Adm
	Department	HM3 R. Constantino	Outpatient
HM1 A. Sarmiento-			Admin
Sison	Chemistry lab	HM3 J. Jackson	Fiscal
HM1 J. Fotheringham	Internal	HM3 M. Mann	MID
	Medicine	RP2 R. Mata	Pastoral Care
CTT2 D. Mashue	Military	HM3 K. O'Meara	
	Manpower		Chemistry Lab
MS2 R. Bober	BEQ 501	PNSN T. Lane	PSD
HM2 C. Cascone	Alcohol	HN R. Cook	Optometry
	Rehabilitation	HN G. Potts	Labor and
HM2 N. Edmondson	Physical/Occ		Delivery
	Therapy	HN C. Wiles	Hematology
HM2 R. Lang	NSHS	HN S. Robicheaux	Endoscopy

Continued from page 1...

In the spotlight



By Andree Marechal-Workman

HM1 Edward C. Gray had his doubts about his career decision when he faced the reality of Navy boot camp 18 years ago, but today he thinks it was all worthwhile.

"I will never forget my first night in boot camp," he said with a chuckle. "Reveille at 4 a.m...the loud banging of cans waking us up...what a reception! There was a moment when I said to myself, 'I think I am in the wrong business!'"

HM1 Gray joined the Navy in June 1974 to follow in the footsteps of his two brothers who had enlisted 10 years before, for the lure of adventure and financial reasons. Despite the rude awakening of his boot camp days, he's glad of his career choice and especially pleased with his tours aboard two aircraft carriers, USS Oriskany (CV-34) and USS Kitty Hawk (CV-63) because "that's where the action is."

But he's also very happy with his current role as leading petty officer of Naval Hospital Oakland's Outpatient Administration, which he sees as "a lot of fun" — enjoying the challenge of resolving difficult problems for patients and staff alike. "I am glad [to be able] to help my co-worker," said the native of Umingan, Pangasinan, Republic of the Philippines. "I also like to see patients who are satisfied and hear their favorable comments."

As Outpatient Administration Division's LPO, HM1 Gray is head of Registration and Eligibility Branches, supervises medical units mailout to other facilities and requests for health records from other facilities. He's also a troubleshooter for patient complaints and gives inservice training to military staff.

"He's a 4.0 sailor," said his supervisor, HMC Renato Ramirez. "He's highly motivated and satisfied with nothing but excellence from himself and his personnel."

HM1 Gray's immediate goal is "to make chief and retire." He is married to the former Tessie Belisario Gonzales and has three children: 12-year-old Eddie; 9-year-old Kristen and 7-year-old Olivia, whom he said he would like to "prepare in attaining their goals and aspirations in life."

Patient Administration Department Organizational Chart

(Head : LCDR Stephen Astrachan)

INPATIENT ADMINISTRATION

Head: LCDR Stephen Astrachan
Patient Administration - Head: Joan Jackson
Patient Disposition - Head: HMC Myrtle Jones

OUTPATIENT ADMINISTRATION

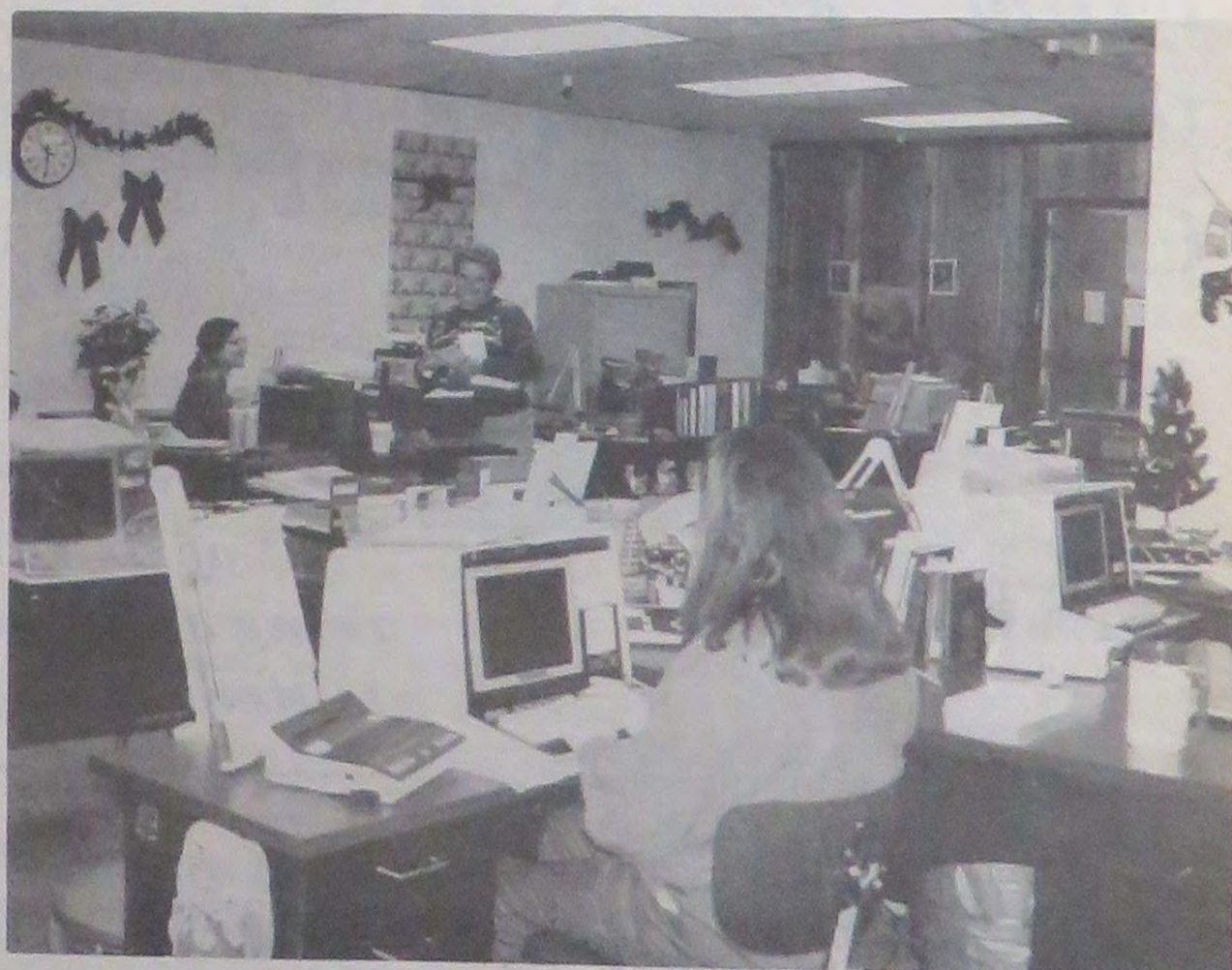
Head: LTJG Mark Stevenson
Outpatient Records - Head: Rene Mangoson
CHAMPUS - Head: Robert Valentine

INPATIENT RECORD DIVISION

Head: LT Victor Corpuz
Inpatient Records - Head: LT Scott Kendall
Transcription Branch - Head: Jean Clayton

PATIENT SERVICES DIVISION

Head: ENS Janet Olson
Aero Evacuation System - Head: Lynn Boring
Non-naval Tracking Program - Head: Elizabeth Morris
Decedent Affairs - Head: Sandra McKelvy
Medical Holding Company - Head: HMC Ratcatl Sison



Background: Transcriptionist Supervisor Jean Clayton (right) gives instructions to Victoria Bedard while Kathy Birdsong (foreground) works diligently. (Official U.S. Navy photo by A. Marechal-Workman)

Naval Hospital Oakland

Radiology Department Up Close



Earline M. Hill

What is your job? To assist patients with appointments and cancellations. Computer update all patients files as needed. Liaison between doctors and technicians when applicable between patients.

Marital status: Single.

Children and ages: Denise Bresley, 41; Charles Webb, 40; Dianne Webb, 39; Betty Webb, 38.

Hometown: Minden, LA.

Hobbies: Reading and computers.

Likes: Cards.

Dislikes: Rap music.

What is the most challenging part of your job? Learning all that pertains to any assignment.

What is your immediate goal? To set up my own computer processing business.

If I could do it all over again, I'd: Live on a tropical island forever.

I respect myself for: My achievements.

Role models/heroes: Danny Glover and Arnold Schwarzenegger.



Yolanda Hooper

What is your job? Filling and pulling jackets for different clinics and answering phones.

Marital status: Single.

Hometown: Oakland, CA.

Hobbies: Basketball, football, baseball and shopping.

Likes: Everything.

Dislikes: Nothing.

What is the most challenging part of your job? Communicating with the patients and doctors.

What is your immediate goal? To become a nurse.

What is your long-term goal? To go back to college full-time and finish my education so I can become a nurse.

If I could do it all over again, I'd: Go back to college.

I wish I could stop: Violence, people should not be killing each other.

I respect myself for: Not smoking, being clean, taking the responsibility to eat the right food.

Role models/heroes: Mother, Lurline (best friend), and Charalyne Scott (friend).

(Editor's note: Attention all Department Heads, Division Officers, Leading Chief Petty Officers and Leading Petty Officer's! Our department is anxious to represent all the command's departments. We print our selections from requests. If your departments would like to be featured, please send a memorandum to the editor, selecting a junior officer, an enlisted and civilian staff member whom you feel would best represent your department. For further information regarding the Red Rover please call the Editorial staff; Andree Marechal-Workman at 3-6683 or JOSN Kyna McKimson at 3-5918.)

From the Chaplain



By LCDR Peter Nissen, CHC

From his looks and his speech, one could tell that this New York bus driver had come over from Italy not long before. He was unusually courteous and cheerful. He did one thing that seemed strange to many of his passengers. He pointed out all the churches on his route. He pointed out Protestant, Jewish and Catholic places of worship. Every so often people would ask him why?

He explained: "Two years after I came to this country I got married. Not long after I had great trouble. My wife started to cough, worse and worse. The doctor said she had a bad spot on her lung. She had to go to a sanatorium. Every Sunday I went to church and asked God for a miracle. After two years my wife had an operation. It was a success. Now she is home and well. God has been good to me.

"All of us run short of one thing or the other from time to time."

This is why I tell people about the places where we come to pray and thank God."

All of us run short of one thing or the other from time to time. Practically every married couple run short of something from one time or the other. You run short of patience; you run short of understanding; you run short of

communication; you never run short of love. You run short of money; you run short of work and you run short of health, as did the wife of the bus driver. During times like these make sure you turn to God and ask help from supportive friends.

But you must also do something else. Like our bus driver you will need to work a little bit harder. You will have to make sacrifices, to think and plan. Suppose your marriage is being spoiled by a shortage of patience. Talk it over. Plan how and when you will be patient. Then, and this is important, ask God to help you be patient. If you have money problems, make plans and a budget. Then, and this is also important, ask God to help you make ends meet. Your love for each other will grow deeper and you will be surprised to discover God as a reality in your own lives.

Be sure to thank God. The Psalm says: "Proclaim his marvelous deeds to all the nations." This is the perfect time for all our families to ask God for what you need in your marriages, to sacrifice and plan, and also to thank God for all the many blessings given to you.

For your health

Nutrient needs for the athlete



By LTJG Katherine M. Starr
MC, USNR

Interest in the relationship between diet and athletic performance is not new. There are many questions about what types of foods can be beneficial for the athlete. The athlete needs the same kinds of nutrients as the non-athlete; however, the amounts of certain nutrients needed may differ.

For many years it was believed that a high-protein diet would help a person excel at physical activity, because protein was thought to be the fuel required by

muscle. It is now known that protein is not the preferred energy source for the working muscle; carbohydrate and fat are the major energy sources. Studies have shown that when subjects were fed high fat/high protein diets for several days, leg muscle glycogen (the storage form of carbohydrate) was low, and endurance for pedaling was lower than normal. When fed a high carbohydrate diet for several days, both muscle glycogen and work increased dramatically. Foods high in carbohydrates include pastas, breads, rice, fruits and vegetables.

Athletes require more calories. Energy needs vary according to the sport, the duration of the activity and body weight. Types of activity that require the most energy are those that involve use of the body's largest muscles. For example, walking expends more energy than sitting and typing, because larger muscles are involved in walking. Running, even though it involves many of the same muscle groups as walking, uses more energy because the intensity is greater.

Athletes often take high doses of vitamins in an attempt to improve performance. Supplemental vitamins cannot improve performance, unless the person is initially deficient. The same food sources that should be used to provide

the high carbohydrate, high energy foods the athlete needs will themselves furnish any extra vitamins that are needed.

Maintenance of fluids is critical to performance. A good way to restore water that has been lost within a short period of time is to replace whatever weight has been lost with an equal weight of water. This is a suitable approach when you know in advance that you are likely to perspire heavily during a period of exercise. Weigh yourself both before and after the activity. You should replace the lost weight by drinking two cups of water for every pound lost. Pace the drinking at whatever rate is comfortable for you, such as one cup every 15 minutes or so, until you restore the full amount.

An adequate, balanced diet is necessary for effective performance but does not guarantee it, since nutrition is but one aspect. A poor diet, on the other hand, will guarantee substandard performance. Being a fit, trained athlete does not alter dietary requirements for most nutrients. Consuming one or more nutrients in amounts much greater than the body needs will not enhance performance and may actually impair it. Energy (carbohydrates), water, and certain B vitamins are possible exceptions whose increased needs can be met by a proper diet.

Oak Knoll Briefs

Physical Readiness Testing (PRT)

The next PRT will be held April 20-24. The bodyfat measurements and Risk Factor screening will take place Feb. 3-7 from 7:30 a.m. to 3 p.m. daily ((screening will be manned during the lunch period). Location: Ward 8 West. All personnel attached to NHO are required to complete Risk Factor screening folders and have bodyfat calculated. This includes personnel in a TAD, TEMDU or LIMDU status to NHO greater than 20 weeks. Anyone unable to participate in the actual PRT due to physical limitations/medical exemptions should be prepared to be examined by the assigned medical officer at screening location. This also includes those individuals TAD away from the hospital for less than a period of 20 weeks. Any persons who do not receive bodyfat measurements and fill out the Risk Factor screening folder will not be permitted to take the PRT and will therefore receive a "failure due to noncompliance". Again this is a requirement for all personnel attached to Naval Hospital Oakland. Any questions contact HM2 Reese at 3-8421.

Wellness Department Note

The PRT and DAPA divisions are now part of the Wellness Department and have moved to building 70-B. Their respective phone numbers are:

PRT: 3-5141/8421
DAPA: 3-4946/4945

For more information contact the Wellness Department at 3-8851.

Tax Forms

The supply of Federal Tax booklets held by the Legal Office is now exhausted. A limited number of forms and state tax booklets (not California) are available. More tax forms and booklets are expected to arrive in six weeks. If you want to obtain federal or California tax forms and booklets immediately, they are available in off-base libraries and post offices.

The legal office may be contacted at the "old" Legal telephone numbers. The Legal receptionist's number is 633-5722.

Military Personnel Note

Personnel TAD to NHO from another command must indicate such by writing "TAD Naval Hospital Oakland" in Block 6 (ship/Station) of Leave Request Form. Should you have any questions, contact CTT2 Mashue, at the Leave desk, 633-6514.

Civilian Corner

Thrift Savings Plan (TSP) error correction

It is the Department of the Navy's policy to correct errors in an employees' TSP account that are caused by the civilian personnel and/or payroll office as soon as the error is discovered.

Employees should review their leave and earnings statements to ensure that their TSP deductions and fund allocations are correct. Errors should be brought to the attention of the payroll office.

Employees should notify the civilian personnel office if a TSP participation statement is not received each six months.

Employees who discover errors such as, no TSP deductions withheld, under deduction, over deduction, delayed or erroneous posting of contributions or earnings, must submit a written claim for TSP error correction and/or lost earnings as soon as they become aware of the error. The sooner the error is

corrected the better off the employee will be, because lost earnings will not be paid when deductions were not made, even though the lack of deductions may have been the fault of the personnel or payroll office. Lost earnings will be paid on the agency match, provided the employee consents to retroactive deductions.

For additional information on TSP error correction, contact Sydney Santos at 633-6374.

Civilian of the Quarter for October-December



Erlinda Guzman

Erlinda Guzman, a registered civilian nurse at Naval Hospital Oakland, was recently selected as Civilian of the Quarter for October-December 1991. Guzman currently works on ward 6 West, the Orthopedics Surgery ward. According to LCDR Daniel Speece, NC, charge nurse on 6 West, " [Erlinda] Guzman embodies all the excellence and professionalism expected in a nurse by her patients, fellow nurses and physicians."

"Her duty is most clearly seen in her ability to solve crises with a minimum of available hospital support on the night shift," he added.

In her nomination she was recognized as being the major stabilizing force during Operation Desert Shield/Storm during the transition from regular force to reservists, then back to regular force on 6 West.

"During the night shift, Guzman directs the care for multiple late night admissions from the emergency room, and ensures that all required nursing care is completed before sending the patient to the operating room. This includes admission interview, physical assessment, surgical nursing checklist, skin prep, obtaining lab specimens and obtaining consent for surgery," Speece said. He added that along with these tasks, she completes rounds and provides routine care throughout the ward during the night shift.

"Through her many years at the hospital, Erlinda Guzman has provided distinguished nursing care and has been a cornerstone in the clinical education of my staff," added Speece. Congratulations for her loyalty and dedication to the Navy and NHO.

National Children's Dental Health month

By LT Susan C. Bon, DC, USN

February is National Children's Dental Health Month, and now is a better time than ever to get your children on the right track for good dental health.

The Uniformed Services Active Duty Dependents Dental Plan (DDP*DELTA) is a volunteer program that offers among other things 100 percent coverage for two annual oral exams and two annual cleanings with fluoride treatments. For dependents under 14 years of age, sealants of newly erupted molars are also provided.

The American Dental Association recommends a first dental visit before the age of two. By this time, most of the baby teeth have come in. It is best to have the child meet the dentist in a relaxed situation and one not associated with pain. The dentist can then use this visit to introduce the child to the dental office and dental care.

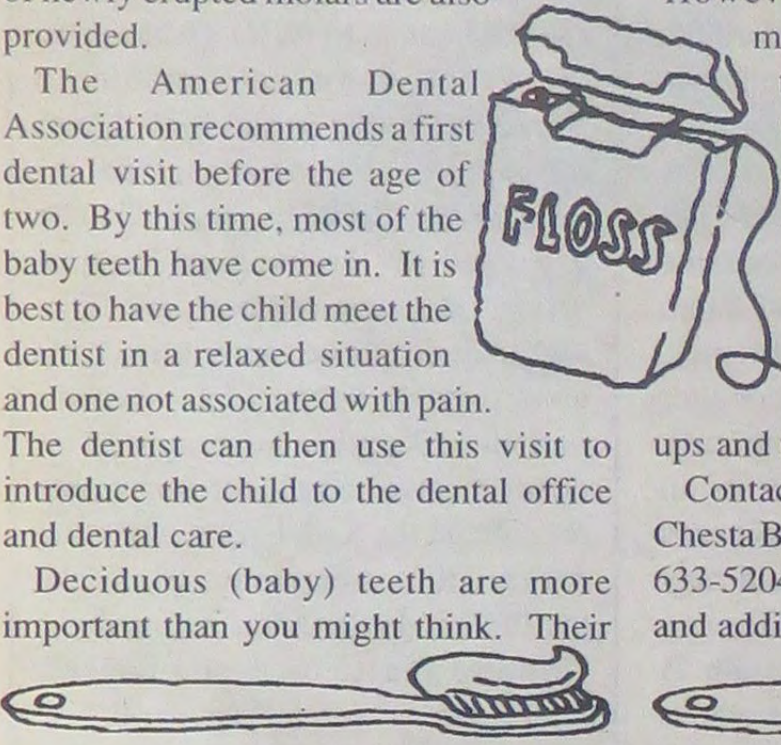
Deciduous (baby) teeth are more important than you might think. Their



use is obvious in eating and speech. However, they also act as space maintainers for the permanent teeth. Premature loss of baby teeth can lead to future dental problems such as crowding or crooked teeth.

Good dental health requires four things: daily brushing and flossing; a well-balanced diet; regular check-ups and the use of fluoride.

Contact your health benefits advisor, Chesta Brantley at the CHAMPUS office, 633-5204/06 for information on eligibility and additional coverage.



Quality Improvement Update

"To do your best is not good enough unless you are properly trained to do the job. Quality training is the key to success."



Patient Contact Representatives from Naval Hospital Oakland, Branch Medical Clinics and NAVCARE Clinic gather monthly to improve customer service skills and knowledge. (Official U.S. Navy photo by HM2 Cynthia Malone)

Bravo Zulu patient contact representatives! During the last four months, you have enthusiastically participated in an ongoing series of workshops designed to increase communication, assertiveness, conflict resolution and stress management skills. The level of commitment and responsibility these highly dedicated individuals continuously bring to their jobs is reflected in the following comments:

HM2 Gaylord, Mental Health Department: "I realize the important role patient contact representatives play in diffusing difficult situations by smoothing out misunderstandings, clarifying hospital protocol... and providing concise information and directions to our patients. This training has improved my ability to provide better service to patients."

Margie Ritchie, Cardiology Clinic: "The healing process starts with the very first person a patient encounters... I believe everyone who works at Naval Hospital Oakland should have... patient contact training. It has shown me how to feel from the patient's perspective, and to treat patients as I would want to be treated."

Pat Jones, Urology Clinic: "The patient contact representative provides an important liaison between the patient and the system. Establishing rapport with patients makes them feel welcome when they return. They become more understanding and tolerant of the system, and my job becomes easier as a result."

Central Pacific Sports Conference Event Schedule 1992

VALLEJO, CA. — The following list announces the Central Pacific Sports Conference and Recreation schedule for 1992. Commands are urged to design sports and recreation programs that will benefit the maximum number of personnel. They are also requested to give wide publicity to this schedule and coordinate their 1992 programs accordingly. Point of contact for further information at Naval Hospital Oakland is Ron Brown at 633-6014.

DATE	EVENT	Time	TYPE/LOCATION
Feb 8	Billiards	9 am	Men's/Women's Championships Mare Island Naval Shipyard
Mar 7	Volleyball	9 am	Men's Championships NAS Moffett Field
Mar 14	Volleyball	9 am	Women's Championships NAS Alameda
Mar 23-25	Bowling	TBA	Men's/Women's Championships NAS Moffett Field
Mar 26-29	Racquetball	9 am	Men's Open Championship Mare Island Naval Shipyard
Mar 27-29	Racquetball	9 am	Men's Senior/Women's Championships NAS Alameda
Apr 4	Track and Field	Noon	Men's/Women's Championships Vallejo High School
Apr 7	Slow Pitch SB	5 pm	Men's/Women's Leagues
May 2-3	Chess	9 am	Championships NSGA Skaggs Island
Jun 15-19	Tennis	9 am	Men's Open Championships NAVHOSOAK
Jun 16-19	Tennis	9 am	Men's Jr. Vet., Senior and Women's Championships NAVHOSP Oakland
Jun 20-21	Slow Pitch SB	TBA	Women's Championships NAS Moffett Field
Jun 27-28	Slow Pitch SB	TBA	Men's Championships Mare Island Naval Shipyard
Jul 16-19	Golf	8 am	Men's Open, Senior and Women's Championships Mare Island Naval Shipyard
Aug 29	Sailing	9 am	Championships NAVSTA Treasure Island
Sep 19	Horseshoes	9 am	Championships Mare Island Naval Shipyard
Sep 25	Scheduling Conference	9:30 am	1993 C.P.S.C. Scheduling Conference Mare Island Naval Shipyard
Nov 7	Darts	9 am	Championships NSGA Skaggs Island
Nov 13-15	7-man Flag FB	TBA	Championships Mare Island Naval Shipyard
Nov 21	Wrestling	10 am	Invitational Mare Island Naval Shipyard
Dec 5	Wrestling	8 am	Championships Mare Island Naval Shipyard



The Red Rover

The Navy's
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Morale, Welfare and Recreation (MWR)

A department with a little something for everyone

By JOSN Kyna S. McKimson

Whether it be attending a command picnic, visiting Club Knoll with your co-workers or playing a game of basketball at the gym, everyone at Naval Hospital Oakland has, at some time or another, been involved in the Morale, Welfare and Recreation (MWR) Department.

"Here at NHO, what we're trying to do is give the staff the best quality recreation that we can give them with our limited resources," said Mick Marumoto, club manager and MWR director.

Incorporated in the MWR are various activities, facilities and also the Special Services Department which offers tickets and tours of Bay Area entertainment. "We have a wide variety of recreation, or Special Services, as it is called today," Marumoto said. "We have a gym which includes a basketball court, a weight-room and a fitness center, an indoor heated pool, two ball fields, five lighted tennis courts, two indoor racquetball courts, a bowling center and picnic areas." He added that located in the gym and the swimming pool are saunas in both the men and the women's dressing rooms.

"[Currently], we are in the process of getting new equipment for the Weight Room and Fitness Center," Marumoto

equipment."

For approximately 1,500 military and civilians at NHO, the level of services provided by MWR is comparable to that of a larger command. "We are a smaller command and we do have a limited budget," said the head of MWR. "Right now, the only service we do not cover is child care. I don't foresee having a child care center here in the near future because of non-available funding." However, he pointed out that child care centers are available at Naval Air Station Alameda

"If it wasn't for the military staff we would not be able to stay open [because] our budget is small and we couldn't afford to pay civilians to run the whole department."



Mick Marumoto, club manager and MWR director. (Official U.S. Navy photo by JOSN Kyna S. McKimson)

as sporting gear are available through the Ticket and Tours Office in Special Services.

The MWR Department is run mainly by civilians stated Marumoto, with the exception to the recreation side of the house which is basically run by military personnel. "If it wasn't for the military staff, we would not be able to stay open [because] our budget is small and we couldn't afford to pay civilians to run the whole department."

According to Marumoto, a lot of effort goes into organizing monthly special events and holiday celebrations at Club Knoll, but they are not as well attended as they could be. "With such a conscious effort put into providing the best available activities and facilities to NHO staff, we would like to see a little more of the command support in the MWR activities that are available."

Marumoto has worked at Club Knoll for two years. During his enlistment in the Navy he ran Special Services for six years. He stated that since he has been at the command he has "seen improvement in the participation of staff in MWR activities not only in the gym and the sports side of the house but also in the club activities."

"I really appreciate the support I have been receiving from the Resources

"I really appreciate the support I have been receiving from the Resources Department and CAPT John Kelly [director of Resources]. They have been very helpful..."

Department and CAPT John Kelly [director of Resources]. They have been very helpful as far as financing and the budget for MWR, we lost a lot of appropriated funds this fiscal year." It is also very important to note that MWR passed the Inspector General (IG) inspection with flying colors.

See Spotlight, pp. 4,5



NHO's Club Knoll, located behind the softball fields and tennis courts, is the place where staff can enjoy holiday activities, eat lunch or have meetings and receptions. (Official U.S. Navy photo by JOSN Kyna S. McKimson)

explained, adding that NHO can look forward to numerous additions to each MWR facility. "We are also looking at resurfacing the tennis courts, fixing up the gameroom in the club and, as soon as the new equipment is received for the club and the gym, we are planning to go together with the staff of the Bachelor Enlisted Quarters (BEQ) to build a gameroom and weight room with the old

and Naval Station Treasure Island.

Along with the facilities, Marumoto stated that MWR sponsors intramural sports teams, aerobics and water aerobics classes and karate classes. "Also with recreation, we offer many discounted tickets to places such as Disneyland and SeaWorld, as well as to sporting events such as Oakland Athletics season tickets," he said. These discounted tickets, as well

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Perspectives

Month of the Military Child



Listening Box

Q: Would you please close the fifth deck smoking area from 11:00 p.m. to 6:00 a.m. It is difficult to sleep when on duty, with the smokers talking, shouting and laughing right outside the Ear Nose and Throat (ENT) duty room. They make noise during the breaks that ward personnel take (ie 3:00 a.m.) During those hours, maybe they could smoke out back on the loading dock, where there are no sleep rooms.

A: It is not possible to utilize the back dock during the hours suggested because this area will be locked and alarmed after hours. In order to help alleviate this problem, we will place signs in the corridors of 5 South. These signs will serve as a reminder that duty or watch rooms are occupied.

I am sure that once our staff has been reminded of the close proximity of watch personnel, every consideration for reducing noise will be extended by staff who are taking early morning smoking breaks.

*S/ RADM William A. Buckendorf
Commanding Officer*

CHAMPUS News

Sharing costs of some family planning services

CHAMPUS shares the cost of certain birth control services and supplies, as listed below:

- * Infertility diagnosis and treatment (remember, CHAMPUS doesn't cover the active-duty sponsor);
- * Surgical insertion, removal and replacement of intrauterine devices;
- * Measurement for, and purchase of, contraceptive diaphragms (and remeasurement and replacement);
- * Birth control pills your physician prescribes;
- * Surgical sterilization (vasectomy or tubal ligation; check with your health benefits advisor for limitations);
- * Implantation and removal of Norplant System long-term reversible contraceptive implants;

* Tests to find out if you're pregnant.

CHAMPUS does not cover:

- * Over-the-counter contraceptives, such as condoms and spermicidal foams;
- * Surgery to reverse sterilization;
- * Artificial insemination, including sperm banks/donors, in vitro fertilization and other artificial means of conception;
- * Abortions. In very limited circumstances, when the physician certifies that the life of the mother is endangered, CHAMPUS may cover abortions. Check with your health benefits advisor for details.

Red Rover

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Family Service Center offers a variety of programs

ALAMEDA, CA. — The Family Service Center (FSC) offers a variety of programs from stress management and taxes to career college comeback and a new program, "Lunch Bunch."

Stress Management

Is stress your enemy? Let us help you manage the stress in your life. Next class sessions are on Wednesday, Feb. 12, and Wednesday, Mar. 11, from 9 a.m. to 4 p.m.

It's tax time again

Wednesday, Feb. 19, 7-9 p.m., a speaker from a certified public accounting firm will conduct a session on tax laws, both federal and state, explaining how they impact the military person. There will be a question and answer period.

Career and College

Wednesday, Feb. 12 at 6 p.m. — Career and college information will be the focus of the evening featuring FSC, Employment Resource Center director and Laura Paddock, education specialist. Topics include educational opportunities, financial aid, scholarships, resources for continuing education and related service. Spouses are eligible for all education benefits, couples are welcome.

Lunch Bunch

Tuesday, Feb. 11 from noon-1 p.m. — Tired of the same old lunch routine? Brown bag it with FSC. Learn new and interesting crafts. Find out about the many services your FSC has to offer. Coffee will be served, free of charge. The craft will be a "Flower Topiary Tree" taught by instructor Zoe Kibbler.

Ombudsmen advanced training

Advanced Ombudsmen training for the quarter will be on Saturday, Feb 22, from 8 a.m.-4 p.m. This training will be a mini Navy-Marine Corps Relief Society course. If you have wanted to take the week-long course but could not attend, join us for a most informative day. Call 263-3146 to reserve a space.

To sign up for a class or for further information call the FSC at NAS Alameda at (510) 263-3146.

Attention all clinics!

Please remind your patients who need to schedule or cancel appointments to call (510) 633-6000, the hospital's main appointment number, Monday through Friday, 8 a.m. to 4:30 p.m.

This will free clinic telephone lines and avoid busy signals when the patients call the clinics directly.

Point of contact for further information is LTJG Mark Stevenson at 633-5170.

Wellness Department Note**Smoking: your reasons for quitting**

Sure, you may want to quit smoking. But it's good to think about your reasons for quitting. Then if things get tough later, you'll be able to fight the smoking urge. Check off the reasons you want to quit. If you don't see your reasons, write them at the bottom of the page.

* For my health in order to lower my chances of lung cancer, heart disease and other serious illnesses.

* So my family will be healthier.

* I want to be in control of my life.

* So I won't smell of cigarettes and my teeth won't be yellow.

* To set a good example for my family.

* Out of respect for my body.

* So I'll feel better - I won't cough so much and I'll have more energy.

* So I'll have money. (Based on a pack a day, a person can save \$766 a year by not smoking)

*Other reasons for quitting:

Third Party Collection (TPC) Program

By Josie Smith, head of TPC

On Feb. 10, Naval Hospital Oakland's Third Party Collection Office, Fiscal Office, implemented the Outpatient Billing Program in three of its clinics - Allergy, HIV and Neurology. Their goal is 100 percent implementation of outpatient billing throughout the hospital and the branch medical clinics within the next two months.

Public Law 101-510 (10 U.S. Code) 1095 established the TPC. The program directs military hospitals to bill private insurance companies for the cost of care provided by the military facility. When a patient has commercial insurance, the government will bill the insurance company for outpatient and inpatient care. The government determines an average cost of an inpatient stay or of an outpatient clinic visit and bills this amount to the insurance company.

Our patients will not be charged a

deductible or co-payment for care received through the military facility, instead the government will absorb these costs. Therefore, care claims filed by the government may count toward meeting deductibles. This may result in a significant saving to our patients if they later seek civilian medical care.

Brochures on the inpatient and outpatient programs can be found in the Admission Office and in the clinics where the outpatient program has been implemented. As an alternative, the patients may stop by one of the TPC offices located on the fifth floor of the hospital, next door to the Collection Office, or at building 62B. Their hours of operation are 8 a.m. to 4:30 p.m.

Some of the anticipated questions that patients may have, have been included in these brochures, for example - What is the third party collection program? What is the patient's responsibility? Will this raise my rates?

For additional information, call me at 633-5046.

Quality Improvement update

"Bravely Blazing the Trail for the Quality Improvement Journey!"

Naval Hospital Oakland's commanding officer, RADM William A. Buckendorf, is pictured with members of the "PILOT" Pharmacy Cost Process Action Team (PAT) and their Quality Management Board at the recent Team meeting where he presented official Appointment Letters to each.

Initially convened in September 1991, this Command's "PILOT" PAT was presented with the following mission: "To identify and examine the causes of Naval Hospital Oakland escalating Pharmacy costs, and to make recommendations to the Quality Leadership Council on processes aimed to minimize these costs." Meeting once a week, this determined and undaunted group of "TQL Pioneers" has bravely tackled an enormous challenge. The lessons learned from their experiences so far have already provided valuable insights and information for future PAT's. The Quality

Leadership Council is eagerly awaiting the Team's recommendations for action to guide the command in establishing priorities for future efforts regarding costs that impact on the Pharmacy System.

PAT photo at left (Pictured from left to right) LCDR G. McNees, MSC (Pharmacy)- Team Leader, LCDR M. Kelly, NC, Facilitator, HM2 D. McKechnie (Pharmacy), Ned Cronin (SFMC), LT C. Schauppner, S.C. (Supply), LT A. Leeds, NC (Nursing), LCDR R. Engelhart, MSC (Fiscal), LCDR M. Honig, MC (Surgery), RADM W.A. Buckendorf, MC (commanding officer), CDR M. Westin, S.C. (Director, Logistics), CDR P. Garst, MC (Chair, P&T Committee), CAPT J. Kelly, MSC (Director, Finance Management), CAPT M. Little, MC (Director, Medical Service), CAPT D. Greenfield,



MSC (Director, Ancillary Services) Chairman, QMB. (Official U.S. Navy photo by JOSN Kyna McKimson)- (Not pictured) LT A. Whitmeyer, MSC (Fiscal), CAPT J. Bartlett, MC (Director, Surgical Services).

Electronic access to your detailer

WASHINGTON (NES) — What do a blistered index fingertip and a cauliflower ear have in common? They both belong to someone who has been trying to telephone his or her detailer hour after hour. How can you avoid these maladies? Use BuPers Access — the Bureau of Naval Personnel's (BuPers) new computerized communication system.

BuPers Access is a personal computer (PC)-based communication system that allows fleet officers and sailors 24-hour access to personnel information and their detailers.

For many sailors, accessing detailers can be a series of busy signals and long waiting periods, a problem that has not been ignored but until now lacked a viable solution.

The main purpose of BuPers

Access is to separate routine questions on program eligibility, selection board results, "dream sheet" status, detailer trip schedules and board schedules from those that require a two-way dialogue. With the answers to these routine questions supplied through computerized BuPers Access, detailers will be able to improve communication quality and give more prompt service to members approaching projected rotation dates (PRD) and have a need to discuss actual orders one-on-one.

Another goal of BuPers Access is to strengthen the role of the command retention team by giving divisional, departmental and command career counselors easy access to information they need to counsel their sailors. This should reduce the phone congestion caused by the volume

of call related to detailing.

Through BuPers Access, sailors can also leave messages for their detailers. Most inquiries are answered within two business days. While some community detailing shops are still reshuffling jobs to offer a full range of BuPers Access services, BuPers-wide goal is to offer all services to all communities as soon as possible.

Any command or individual with a PC (IBM, Zenith, Macintosh, etc.) can get online with BuPers Access. All that is needed is a computer modem, a telephone line and communication software such as ProComm, Telix or Q-modem. The first time a requester calls BuPers Access, a series of questions regarding computer equipment will need to be answered prior to using the

system. The set-up is as follows: 1200/2400 baud; eight data bits; no parity; one stop bit and full duplex.

Personal information is not accessible to unauthorized personnel because BuPers Access is password and social security number protected. Private messages to detailers and detailer responses can only be accessed by the password holder.

BuPers Access is also user-friendly. The menus are graphical and easy to understand, and there's plenty of help available, both in the menus and through technical support. The initial log-on procedures are listed in the accompanying table.

As BuPers Access catches throughout the fleet, new services are already being contemplated. An updated Standard Navy Distribution List

(SNDL) and a BuPers phone directory are on line, and a fleet-wide E-mail system for arranging and submitting duty swaps is available. Other features ranging from an officer, enlisted master record file to filling out duty preference forms via computer are also being investigated.

The following telephone numbers are offered for more information or assistance: Data-AV 225-6900, 224-8059/8070/8076; commercial (703) 695-6900, 614-8059/8070/8076; Voice AV 233-3030; commercial (703) 693-3030; technical support AV 224-8083; commercial (703) 614-8083.

(Information courtesy of Bureau of Naval Personnel public affairs staff, Washington, D.C. Perspective magazine also contributed to this article.)

MWR in the spotlight

(Text and photos by JOSN Kyna S. McKimson)



Cindy Huston began working at Naval Hospital Oakland 15 years ago in the [old] Enlisted Club. Now, after 15 years of experience, Huston is the assistant club manager/catering manager at Club Knoll, the consolidated NHO officer/enlisted club.

"I started working as a young waitress at the club to support my (then) 4 year-old daughter ... it was meant to be a temporary job," said Huston.

After working for three years as a waitress, she was promoted to operations clerk in 1980. Then, after completing a four-week management course she was promoted to club manager of the Enlisted Club in 1984. Since 1986, Huston stepped into the spot of assistant club manager/catering manager.

"Although it has not been easy being a woman in management, two of my several managers should be commended for their fairness and non-discrimination," said Huston. The first is LT Karl Johnson, one of the first managers at the Officer's Club, who was very supportive and provided her intelligent guidance. The other is Mick Marumoto, the present club manager and MWR director, who gave her confidence and encouragement to advance in her career.

Huston is in charge of booking private parties and meetings and assisting clients with planning functions by ordering food and bar support; planning, coordinating and decorating for special theme parties such as the Valentine's Dinner, Easter Brunch, etc. In addition, she recruits, selects and schedules staff, plans and prepares banquet menus and schedules entertainment.

Her immediate goal is "to improve service provided by the club for lunch patrons and to set up better cost controls." Huston who is single and has two children -- 19-year-old Monisa and 6-year-old Jaime -- plans to go into business for herself sometime in the future.



Cooks at NHO's Club Knoll prepare food orders for the crowd. The Club has dining facilities and also offers take orders.



SM2 Loren Littleton, who works in the NHO's Club Knoll, sells a civilian employee an MWR Gold Card.

Martin Luther King's birthday observance at Oak Knoll



Ron Brown, director of Special Services, runs the recreational facilities of MWR, which includes the gym and Tickets and Tours.



(above) CAPT Herman Kibble, head of Oak Knoll's Pastoral Care Services, was keynote speaker at Martin Luther King's birthday observance ceremony. He addressed a standing-room-only audience with his usual verve while members of the Gift Gospel Choir (below) entertained with Black spirituals. The festivities were coordinated by LT Pamela Trahan of the hospital's Main Operating Room Department. (Official U.S. photos by HM2 James Sandridge)



Department in the Tickets and Tours office, helps civilians who work at NHO to use MWR



Naval Hospital Oakland

Communications Department Up Close



OSI Mark Kosinski

What is your job? Leading petty officer, telephone repair supervisor and radio repair supervisor.

Marital status: Married.

Spouse: Paula Kosinski.

Children and ages: Charity, 12; Andrew, 9; Autumn, 6.

Hometown: Erie, PA.

Hobbies: Golf and computers.

Likes: Sunny days and blue skies.

Dislikes: Snow and cold weather.

What is the most challenging part of your job? Deciding what I should tackle next.

What is your immediate goal? Becoming a civilian.

What is your long-term goal? Staying a civilian.

I wish I could stop: Smoking.

I respect myself for: My initiative and drive.



OS2 Angela Sandt

What is your job? Telecommunications specialist, process telephone orders and other communication requirements.

Marital status: Single.

Children: Glenn Ray Sandt.

Hometown: Federal Way, WA.

Hobbies: Cake decorating and crochet.

Likes: Spending time with my son.

Dislikes: Not being able to spend as much time as I would like to with my son.

What is the most challenging part of your job? Keeping up with all of the moves in the hospital and then processing all of the regular orders in a timely manner.

What is your immediate goal? To help get the telephone order process automated to speed the order process.

What is your long-term goal? Go back to school and get my bachelor's degree in Telecommunications.

If I could do it all over again, I'd: Do it just the same.

I wish I could stop: Being so critical of people.

I respect myself for: The accomplishments I have made with my son, being a single parent in the Navy.



Ramona Frandy

What is your job? Secretary for the trouble call desk.

Marital status: Single.

Children and ages: Michael, 39; Dan 26.

Hometown: Oakland, CA.

Hobbies: Golf, bingo, keno and fishing.

Likes: My boss and the people I work with.

Dislikes: Insincere people.

What is the most challenging part of your job? Keeping the customer calm while trying to get the facts.

What is your immediate goal? To lose weight.

What is your long-term goal? To stay healthy and retire late.

I wish I could stop? Eating for the sake of my health.

I respect myself for: Being honest and trying to keep a happy outlook on life.

Role models/ heroes: My stepfather, W.B. Echols, and brother Ken Webster.

From the Chaplain



"To love or not to love"

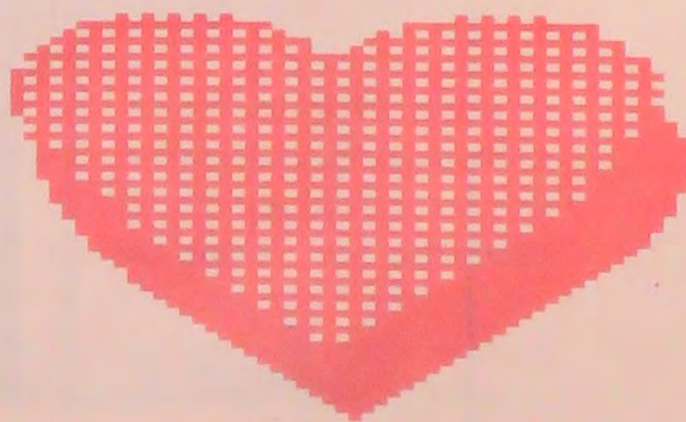
By LT Anne Kennedy, CHC

February is the month associated with Valentine's Day. Valentine is centered on relationships that are loving, but often we are not "loving" in our treatment of each other. We put each other down in order to build ourselves up or at least protect ourselves from getting hurt. A paraphrase of 1 Corinthians by Lewis Smedes in his book *Love Within Limits*, 13, deals with love from a realistic perspective. He writes: "Love is long suffering and kind, love is not jealous, or boastful or arrogant or rude. Love does not seek its own way; it is not irritable or resentful; it does not rejoice in evil, but rejoices with the truth."

Love bears all things, believe all things, hope all things, endure all things...Love never ends."

It's a tall order to fulfill that series of requisites. Our goal is to achieve them. But we live in a very human world where our humanness and personalities get in the way of achieving perfection. Where do we draw the line? How do we love the abuser and not the abuse; the alcoholic or drug addict and not the chemical?

It takes time and energy and, most of all, empowerment. Who is empowering you to be loving? If you don't have a satisfying answer to that question for your own life, let's talk. Come by and see us. There are many ways to help your life become empowered.



Happy Valentine's Day
February 14

The Military Spouse Business and Professional Network

By Jeanne Dennis, Publicity Chair

Will you be in the right place at the right time for the growth industries of the 90's? The economic outlook for the Oakland area — and the fields in which we may expect to see future business growth and employment opportunities — will be the topic of the February program of the Military Spouse Business and Professional Network.

The program will be held February 18 at Shannon Hall, NAS Alameda, and will feature economic development expert John K. Christensen from the Oakland Chamber of Commerce. Hors d'oeuvres will be served at 6 p.m. and the program will follow at 6:30 p.m.

Following the program there will be a question and answer period and networking opportunities.

The Network invites all interested persons, whether from the military, business, government or civic communities to attend.

There is a \$10 charge. Those planning to attend should call the Family Service Center at NAS Alameda at (510) 263-3146.

The Military Spouse Business and Professional Network is a non-profit organization open to spouses of enlisted personnel and officers, as well as retired and reserves, from all branches of the military.

For your health

Pure juice differs from cheaper juice drinks/blends

By LTJG Lea Beilman, MSC



Is there a difference between juice, juice drinks and juice blends? Despite what their producers would like you to believe, these products are not alike. Juice is exactly that, pure juice. It may be reconstituted

from concentrate, but it is pure juice without any added sweeteners or other ingredients.

Juice drinks, blends and beverages may be 10 percent or even less, actual fruit juice. The remainder of these products are made up of various forms of sugar, such as high fructose corn syrup and miscellaneous flavors and colors.

On their own, these juice drinks are considerably lower in vitamins than pure juice. Some proclaim to be fortified with vitamin C. Don't be fooled though, just because the vitamin C content of a juice drink and real juice are the same, it does not make sugar water with a vitamin C pill the equivalent of real juice.

When making your next purchase, make sure what you buy is 100 percent pure, unsweetened juice. Four oz. of juice would count toward one of your minimum of five servings of fruits and vegetables each day.

Attention interested personnel:

The Alameda Officers Wives' Club wish to announce their annual time and talent auction, Feb. 28 at 7 p.m. Rosenblum Cellars Winery, 2900 Main, Alameda, CA. All proceeds go to charity. A \$5 donation per person is taken at the door. For more information contact Tammy A. Anthony-Silva, the 1992 Auction Chairperson at (510) 865-9876.

Navy lodges can be used after involuntary separations

WASHINGTON (NES) — Military personnel involuntarily separated from the service can use Navy lodges throughout the United States for up to two years after separation. This option is included as one of the Navy Exchange's (NEX) extended privileges for eligible involuntarily separated service members.

Navy lodges offer accommodations to families of all military services at a reasonable price. Most Navy lodge rooms can accommodate up to five people, with the average rate about \$35 per night, per room.

Lodges feature a fully-equipped kitchenette with microwave or range oven, a refrigerator, cookware and tableware. A dining area, maid service, a direct dial telephone and color TV are also offered in each unit. Many lodges also have a laundromat and a mini-mart.

A central reservation office, open 24-hours-a-day, can guarantee reservations for lodges in the United States. Reservations can be made 30 days in advance by calling 1-800-NAVY INN. Rooms are guaranteed until 6 p.m. on the scheduled day of arrival.

Navy lodges accept cash, MasterCard, Visa, Diner's Club or Discover cards in payment. There are Navy lodges located in California, Connecticut, District of Columbia, Florida, Georgia, Illinois, Louisiana, Maine, Maryland, Mississippi, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia and Washington.

(CFC Editor's Note: The listing of CFC keyworkers indentified on page 4 of the last issue of the "Red Rover" (Vol. 4, No. 2, Feb. 3, 1992) were those keyworkers and their departments who achieved 100 percent participation during the fund drive. In addition the following 100 percent keyworkers were inadvertently deleted from the list: DT1 Calimlim, Dental; S. Santos, CIVPERS; HNR Childers, Q/A; HNB Johnson, Q/A; S. Hambly, CID; HM1 G. Zuckerman, Pharmacy; S. Garcia, ENT; D. Shore, Facilities Mgmt; L. Sanders, Housekeeping and SH3 M. Sloan, MWR.)

Pearl Harbor Survivor



CAPT Victor Dodd, USN (left) presents a Pearl Harbor Survivor Medallion to Hadwick A Thompson. CAPT Dodd is Chief of Staff, COMNAVBASE San Francisco; Hadwick Thompson is president of Navy League's Oakland Chapter Council. (Offical U.S. Navy photo)

People in the news at BMC, NAS Moffett Field

Congratulations to HM2 Mary Pilant, HM2 Rojan Sevilla, HM2 Richard Kelley, HM3 Lori Barkley, HM3 Stacey Granger, HM3 Paul Andry, HM3 Lauri Andry and HM3 Charles Harris for being frocked to present rate.

Virginia A. Macareg was awarded a certificate for 20 years of Federal Service.

Virginia Macareg, Janice Kaplan-Klein, HN Annette Cooley, HN Jeffrey Collins, HN Scott Kurosad, HM2 Ceferino Sanchez, HM2 Thomas John, HM2 Bruce W. Adams and HM2 Edward Velasquez received Letters of Appreciation from the commanding officer, NAS Moffett Field, for their participation in the Retired Navy and Marine Corps Personnel Information Fair.

Good Conduct Awards were presented to HM2 Daniel Laporte (2nd award) and HMC Marilyn LaRose (4th award).

Welcome aboard to: HMCS Randolph Griswold, HM3 Rommel Deguzman, HN Marco Cabrera, HN Edward Avila and HM3 Shannon Kuhahane.

Fair Winds and Following Seas to: HM3 Lauri Andry and AN Patrick Ventrello.

Civilian Personnel vacancy listing

This is the continuation of the vacancy listing from Red Rover Volume 3 Number 17. Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or Autovon 828-6372, Monday through Friday, 8 a.m.-4 p.m., or visiting the Civilian Personnel Office.

Position	Location	Closing Date
Supvy Community Health Nurse GS-610-11	OccHealth/ Preventive Medicine	OUF
Secretary (Typ) GS-318-4	Occ Health/ Preventive Medicine	OUF
Medical Records Technician (Typ) GS-675-4	Branch Clinic, TI	OUF
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Optometrist GS-622-12	Branch Clinic, Alameda	OUF
Secretary (Typ) GS-318-4/5	Various Locations	OC
Clerk Typist GS-322-3/4	Navy Drug Screening Lab	OC
Health Technician GS-640-4/5	Various Locations	OC
Medical Clerk GS-679-3/4	Various Locations	OC
Clerk-Typist GS-322-3/4	Various Locations	OC
Medical Clerk(Typ) GS-679-3/4	Various Locations	OC
File Clerk GS-305-3/4	Various Locations	OC
Voucher Examiner (Typ)GS-540-4/5	Supply Division	31 DEC 91- OUF
Social Worker GS-185-11	Social Work Department	OUF
Social Services Representative GS-187-7	Social Work Department	OUF
Communications Specialist GS-393-11	Management Info Dept	OUF
Procurement Clerk (Typing) GS-1106-05 (2 Positions)	Supply Department	OUF
Fitness Report Asst (Typ) GS-303-06	Administrative Support	OUF
Housekeeping Aid WG-3566-02 (2 positions)	Operations Management	OUF
Nurse Practitioner GS-610-11 (Part-Time)	Branch Clinic, Mare Island	OUF
Nurse Consultant GS-610-11	Infection Control	OUF
Nurse Specialist GS-610-11	Internal Medicine Cardiology	OUF

Editor's Note- the remainder of the vacancy listing will be published in the next issue of the Red Rover.

Navy Tuition Assistance and the off-duty education

WASHINGTON (NES) — Applying for the Navy's Tuition Assistance (TA) program, an off-duty educational assistance program that pays up to 75 percent of the cost of tuition, just got easier.

The biggest change, as of Oct. 1, 1991, is the replacement of the old TA application and authorization form, NavPers 1336/3, by the Naval Education and Training form 1560/6. The new form is easier to understand and fill out.

By changing the form and adding a special request chit to pursue off-duty education, sailors are getting a shortcut. Instead of having to hand-carry the tuition assistance form to a Personnel Support Detachment to get a signature

from the service record custodian, the student merely submits both the form and the approved chit to Navy Campus, and the education specialists will handle the paperwork from there. The special request chit must be submitted to Navy Campus at least a week before classes begin and must be approved at the department head level.

If there are any changes to the TA document such as substituting one course for another or dropping or withdrawing from a course, an amended form must be sent to the Navy Education and Training Program Support Activity (NETPMSA), Bldg. 2435, Code 00B115, Pensacola, FL. 32509-6100.

Tips on how to receive TA:

* All TA request forms must be received by Navy Campus before the school's registration period ends.

* A Navy special request chit for off-duty classes must include specific dates for a single term, an entire year or a complete tour at a command.

* The student is also responsible for submitting a completed TA request form and a signed statement of understanding to his or her Navy Campus office.

* The student should give one copy of the authorized TA form to his or her school and keep one copy for his or her education file.

* Copies of the school's documents, such as withdrawal form or a grade

slip, should be sent along with a copy of the TA form with the change indicated.

* NETPMSA must be notified when

- you don't enroll
- a course is dropped
- a course is added (however, the dollar amount may not increase)
- you withdraw from a course
- when the final grade is received (within six weeks of course completion).

If you are interested in pursuing a degree through TA, talk to your Navy Campus office for a counseling session with an education specialist.

Information courtesy of Carol Carpenter, education specialist, Navy Campus Office, Washington, D.C.

Firefighters continue firestorm relief campaign

NAVAL SUPPLY CENTER (NSC), OAKLAND, CA. — With the success of their T-shirt campaign to raise money for victims of the Oakland-Berkeley firestorm, firefighters at Naval Supply Center, Oakland and members of the International Association of Firefighters Local F-15 are now offering sweatshirts with the same popular logo.

The logo features a traditional firefighter design on the front and on the back, lists the names of hundreds of fire

departments and agencies throughout the West Coast that helped battle the blaze.

The shirt design was developed by Supply Center firefighter Tony LeFeat and Charlene's T-Shirt Corner in San Leandro, who have discounted the price of the shirts.

"At first we were selling T-shirts, but we began to get requests for sweatshirts," said LeFeat, who estimates more than 1,000 shirts have been sold since October.

Call any NSC, Oakland firefighter at

(510) 302-5081 if you are interested in purchasing a T-shirt or sweatshirt. The \$15 T-shirts and \$20 sweatshirts can also be purchased at Charlene's T-Shirt Corner, 15098 East 14th Street, San Leandro, CA.

Photo at right: Firefighters Nelson Garcia (right) and Bill Mitchell are wearing the sweatshirts with the firestorm relief fund logos. (Official U.S. Navy photo)



Naval Institute to sponsor warfighting essay contest

ANNAPOLIS, MD. — A year has passed since Coalition forces launched Operation Desert Storm to drive Saddam Hussein's troops out of Kuwait. What lessons did we learn?

The U.S. Naval Institute is sponsoring a warfighting essay contest to see what sea-service professionals have to say about combat operations of the future. All aspects of warfighting, including doctrine, tactics, hardware, training and mental preparation are potential essay topics. Entry in this contest is not limited to active duty or military writers.

The institute will award cash prizes of \$1,000, \$750, and \$500 to the authors of the three best essays entered. Entries must be

postmarked no later than April 15, 1992.

Essay contest rules are as follows:

* Essays must be original and no longer than 3,000 words.

* Direct all entries to Editor-in-Chief, Proceedings (Warfighting Contest), U.S. Naval Institute, 118 Maryland Avenue, Annapolis, MD. 21402-5035.

* The Naval Institute will mail letters notifying the three award winners on or about June 15, 1992.

* All essays should be typewritten, double-

spaced, on 8-1/2" x 11" paper. Please include your address, phone number, biographical sketch and social security number with entries.

* The Naval Institute will publish the winning essays in *Proceedings*, its monthly magazine, and may select some entries not awarded prizes for publication. The institute will compensate the authors of these pieces at its regular rates.

* The Naval Institute Editorial Board will judge the competition.

The U.S. Naval Institute, located in Annapolis, MD., is a professional society for

the naval services, and is an independent, self-supporting, non-profit organization. It is not part of the government.

The Naval Institute advances knowledge about the naval and maritime services through the publication of a monthly magazine *Proceedings*, the quarterly *Naval History*, the annual *Naval Review*, and more than 400 books. The Naval Institute sponsors a series of seminars of interest to naval professionals and others in the wide audience of the Institute's membership, which includes more than 100,000 individuals from all walks of military and civilian life throughout the world.

Sport News

The Central Pacific Sports Conference (CPSC) Women's Volleyball Championships will be held in the gymnasium, at Naval Air Station Alameda, CA., March 14 at 9 a.m. Team managers will meet at 9 a.m. March 14 at the gymnasium office for a pre-tournament meeting.

The CPSC Men's Volleyball Championships will be held in the gymnasium, Naval Air Station Moffett Field, CA., on March 7 at 9 a.m. Team managers will meet at 9 a.m. on March 7 at the gymnasium for a pre-tournament meeting.

The following requirements apply to both:

* Commands are authorized to participate in accordance with RSRSO SFRAN INST 1710.1 Participation is limited to active-duty military personnel only.

* USVBA rules apply.

* A single round robin type tournament will be in effect. A match is won by the team that first wins two games out of three. This will constitute a win or loss for the respective teams.

* Awards will be provided by the CPSC Recreation Office.

* Commands desiring berthing arrangements are required to contact Joe Hash, athletic director at NAS Alameda (women's) at (510) 263-3193 and Mark Seitz, athletic director at NAS Moffett Field (men's) at (415) 404 4695/4696.

* Each team is limited to twelve players plus coach and manager.

* Entries are due no later than Feb 28.

Point of contact for further requirements and information is Jim Gass, CPSC Athletic Director, at (707) 646-3301/4289; autovon 253-3301/4289.

Free jump-start sticker

SAN FRANCISCO, CA. — If you don't know the correct way to jump-start a car battery, you could be risking serious eye injuries, warns the Northern California Society to Prevent Blindness. Accidents involving batteries are a leading cause of eye injuries. Many of them happen because people don't know how to jump-start a car properly.

You can write to the Northern California Society to Prevent Blindness, 4200

California Street, San Francisco, CA 94118, for one of its free bright yellow and-black vinyl stickers that give clear directions for jump-starting a car correctly. Enclose a stamped, self-addressed, business size envelope. Attach it to a clean surface under the hood as close to the battery as possible. Then the next time your car battery needs a boost and you have a pair of jumper cables in the trunk, you'll know exactly what to do.

President's Day



Feb. 17, 1992



The Red Rover

The Navy's
First
Commissioned
Hospital
Ship

Volume 4-Number 4

Naval Hospital Oakland, California 94627-5000

February 28, 1992

OB/GYN Department

*A big umbrella with lots
of little clinics underneath*

By Andree Marechal-Workman

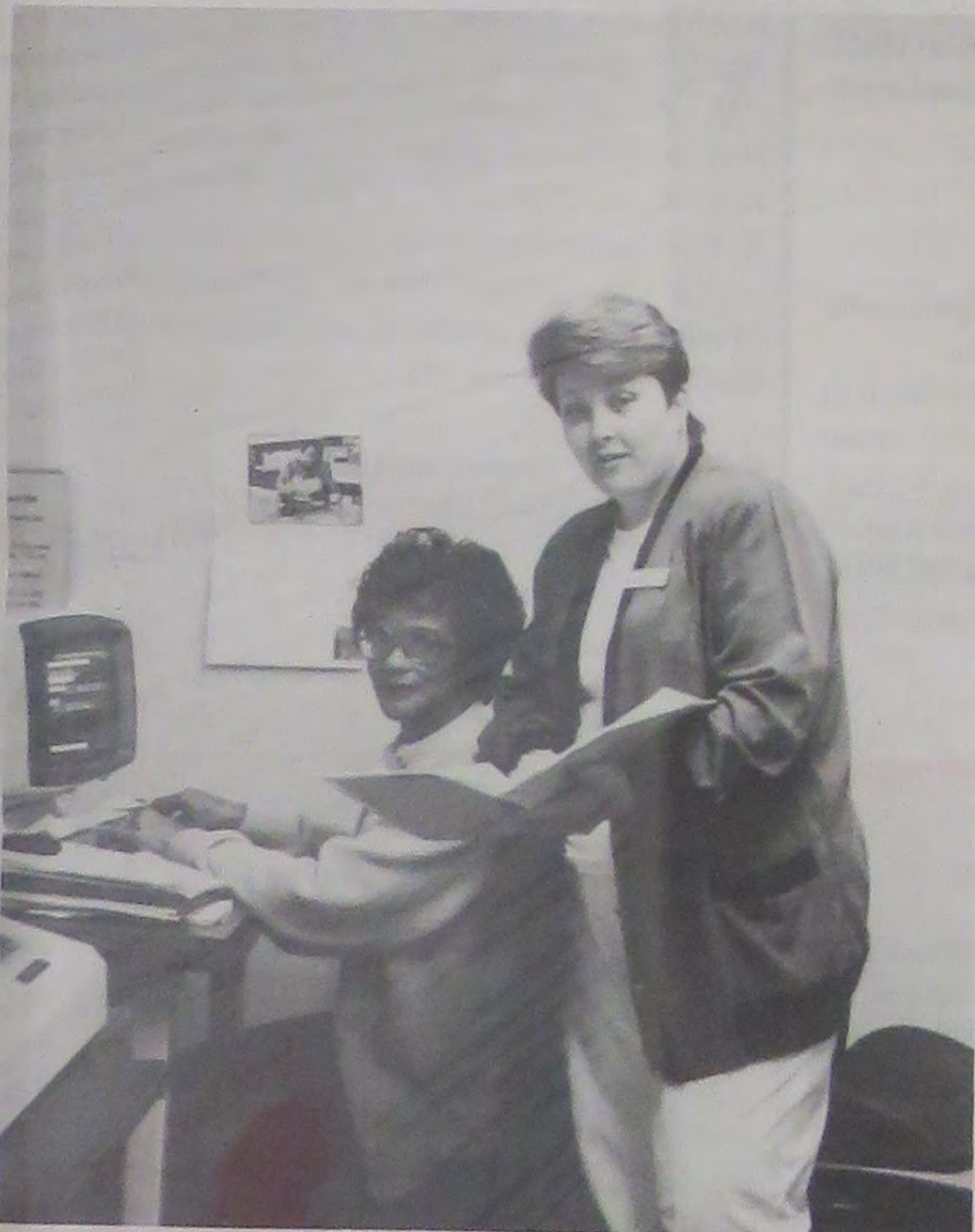
In response to the Letterman Army Medical Center (LAMC) closure-generated anticipated increased patient load, Naval Hospital Oakland's Obstetrics and Gynecology (OB/GYN) Department is recruiting additional civilian doctors under the San Francisco Medical Command (SFMC)-sponsored cost-sharing program, said CDR Manuel E. Rivera, MC, in a recent interview.

CDR Rivera, who heads the department, explained that the added physicians will join the two existing civilian doctors already on board — Drs. Arnold

perinatologists, (prenatal diagnosis specialists), one reproductive endocrinologist (fertility expert), one gynecologic oncologist (cancer specialist) and 12 residents.

"We are also handling the increased patient load [caused by LAMC's downsizing] with a weekend clinic manned by reservists," he said. "Headed by CDR Laurie Sammons, MC, USNR, since Feb. 8, they come once a month and see outpatients."

However, the commander was quick to point out that, "as of this moment," his department is stable. "We will lose two military doctors in September," he said, "and we don't know yet if their billets will be filled."



OB/GYN Clinic's charge nurse, Mary McBride (right) verifies an appointment with Medical Appointment Clerk Helen Henderson. (Official U.S. Navy photo by A. Marechal-Workman)

Zeiderman and Leonard Burman, MD — and a retired Navy captain, Dr. Jon Shaffer, all of whom are Board certified. They will expand a staff of four general obstetrician/gynecologists,

two According to CDR Rivera, his department which, last year, handled about 30,000 outpatient visits," takes care of active duty and retired military women and their dependents. "It is also a referral center for high-risk



Joan Wisely, OB/GYN secretary, comforts the six-week-old son of YNCS David Alexander Bogan and YNC Clarissa Bogan while his mother is seeing her physician. The Bogans are stationed at Naval Station Treasure Island. (Official U.S. Navy photo by A. Marechal-Workman)

patients from Fort Ord, Naval Air Stations Lemoore and Moffett Field, Mare Island Naval Shipyard and Naval Weapons Station Concord — in addition to regular OB/GYN services to beneficiaries in NHO catchment area that extends from Fallon, NV, southward to Lemoore, CA.

...our OB/GYN physicians visit several of the branch medical clinics on a weekly basis. For example, they travel to Moffett Field for a full-day clinic on Tuesday and Thursday to see patients...

"We see all the medical complications," he explained. "On pregnancy, we see genetic problems, advanced maternal age. We do high-risk ultrasounds and amniocenteses. [The latter consists of removal of amniotic fluid to test for birth defects, among other things].

"The two perinatologists — CDR Paula Melone [MC] and myself — handle prenatal diagnosis and do counseling with couples. Dr. Jon Shaffer treats OB/GYN cancer surgically or by directing patients to chemotherapy or radiotherapy.

Our endocrinologist, LCDR Gary Jones, MC, takes care of fertility patients, not only with full workups but also through

artificial insemination programs. He also treats endocrinological problems like abnormal bleeding.

"Our general OB/GYN physicians are actively involved in dysplasia clinics (abnormal Pap smears). We also have a walk-in problem clinic for emergency OB/GYN and an ultrasound clinic, and our OB/GYN physicians visit several of the branch medical clinics on a weekly basis. For example, they travel to Moffett Field for a full-day clinic on Tuesday and Thursday to see patients, with follow up, for prenatal visits and general OB/GYN problems."

The OB/GYN Department has faced, and continues to face, many challenges, the greatest ones being time frame appointments and space restrictions. Both are being met head-on — the former with the central appointment system discussed in past issues of Red Rover; the latter with the imminent move of Obstetrics to 8 West, a move which CDR Rivera says will allow his department to see even more patients.

Charge Nurse Mary McBride, RNC, a former Navy nurse, serves as division officer for the OB/GYN Clinic, (as opposed to OB/GYN Department, headed by CDR Rivera, that includes Labor and Delivery and Post Partum on the 9th Floor). With her assistant, Lucy Wells, RN, she supervises an all-civilian staff of two registered nurses, six licensed vocational nurses

(LVN) and two contract LVNs. "The staff is predominantly civilian in our clinic," she said, "but, now that military corps staff joined the clinic since the advent of *Desert Storm* in January 1991, corpsmen are an integral part of the department."

Like CDR Rivera who said that, "academically, [his] department compares favorably with any civilian health care institution in the Bay Area," McBride is very proud of her clinic. "It's a big umbrella with lots of little clinics underneath," she said, "and we see an enormous amount of people." She added that they couldn't function without the help of the reservist nurse practitioners "who either do their annual training here, or do extra drills for no pay" — teaching prepared childbirth and other classes. "The Prepared Childbirth Class starts Feb. 27," she added, explaining that it lasts eight weeks and resumes after a two-week interval.

"But the department couldn't operate without our dedicated group of Red Cross volunteers," McBride emphasized. "They act as standby, putting patients in the rooms and assisting the doctors. They're very consistent, conscientious and dependable. They're a Godsend."

(Editor's Note: A special Women Health Talk is scheduled for late April, free of charge. Interested individuals should contact the OB/GYN Clinic at 633-5625 and 5626 for further information).

HM1 Clasissa Martinelli

NHO 1991 Sailor of the Year

By JOSN Kyna S. McKimson

For Naval Hospital Oakland's 1991 Sailor of the Year, joining the Navy was her chance to enjoy life and find adventure.

HM1 Clarissa Martinelli had not planned for the Navy to be her career choice. "I applied and was accepted to Spellman University," she said, adding that in the summer of 1981 her perspectives changed. "I had never had the opportunity to enjoy life! I saw advertisements for the military and chose the Navy as my adventure."

She joined the Navy in October 1981. In the 10 years since HM1 Martinelli enlisted, she has had the chance to go to many places and experience new things. "My entire naval career has been memorable... throughout the past 10 years I have seen and experienced things that I had only read about," she said.

At NHO, HM1 Martinelli works in the Preventive Medicine Department as a Preventive Medicine Technician (PMT). "My primary duties as a PMT have been in the area of communicable diseases and the Navy's HIV programs," she said. She explained that she is responsible for the tracking, investigation and counseling of personnel and their contact with such diseases as Hepatitis, Varicella, Meningitis, Tuberculosis, Gonorrhea and Syphilis. "Other areas [I cover] include environmental inspections, environmental health surveys on ships, immunization program, hepatitis program, food service training and [other] training in Preventive Medicine areas," added Martinelli.

According to CAPT R. L. Brawley, head of the

Occupational Health/Preventive Medicine Department, HM1 Martinelli received the 1991 SOY award for her professional achievement in the superior performance of her duties as a PMT at NHO from January 1991 to January 1991. "She successfully oriented and trained other preventive medicine personnel in all areas of communicable diseases," said CAPT Brawley, adding that she provided numerous hours of education and training in the area of infection control for newly reported hospital personnel and students attending PMT school.



HM1 Martinelli has truly contributed to the mission of NHO and the Navy. "As a first class petty officer, I always make myself available as a sounding board," she stated, adding "I try very hard to always envision myself as the customer when I interact with staff personnel and patients."

Throughout her naval career HM1 Martinelli has served at Naval Hospital Bremerton, WA; Branch Hospital Adak, AK and Naval Medical Clinic San Francisco, CA.

She is married to Martin Martinelli and has three children - Marissa, 5; Biancha, 2; Sophia, 9 months. A native of Bainbridge, GA., her hobbies include cooking, reading and activities with her daughters.

"Throughout my career, I had many fascinating and knowledgeable people cross my path," said Martinelli, adding that the most influencing and positive person that she met was her husband. "To all of them I say thank you."

HM1 Martinelli continues her dedication to duty as an instructor for Preventive Medicine Technician School at the Naval School of Health Sciences, San Diego Detachment at NHO. Congratulations to HM1 Clarissa Martinelli for her 1991 SOY award and a job well done at NHO!

Legal help available at NHO

Income tax time is around the corner once more, and many of you may dread the task of facing those obscure IRS rules and regulations. Which form should you use: 1040? 1040A? 1040AZ? It may be all Greek to you, but the hospital's Legal Department can help, says Chief Legalman Noel Greenwald of the Judge Advocate Office.

"We do not prepare the returns," stressed LNC Greenwald. "We screen the filled out forms for accuracy and answer any questions about specific items."

The service is extended to both military and civilians, subject to the following priorities:

1. Active duty military and dependents.

2. Retirees and civilian personnel on a space available basis.

If you don't know which form to use, or if you need advice about filling out the forms, call 633-5022. They now have all required forms: California Resident and Non-Resident forms, as well as federal and other state forms.

Red Rover

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Public Affairs Officer, Acting

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Andree Marechal-Workman

Editorial Assistants/Layout and Design

JO2 Stephen R. Brown
JOSN Kyna S. McKimson

February Awards

Letter of Commendation for East Bay Fire:

Paul Harms
Raymond Allard
Timothy Crutcher
Donald Andrews
Neil Thomas
RP3 Johnnie Boyd
RP2 Ronald Mata
HN Jason Buehler
HN Michele Stratton

Letter of Commendation for CFC Committee members:

HMC Marty Manalastas
HMC Pamela Robson
HM1 Alan Buchholtz

Letter of Commendation for CFC 85% participation:

ENS Shirley King
GMM1 Anthony Cooper
HN Adam Johnson

Letter of Commendation for CFC 100% participation:

Stacie Cumbee
Scott Hambly
John McCole
Lula Sanders
Debra Shore
LCDR Mark Habel
LT Nick Karpachinski
HM1 Catherine Grushus
HM1 George Zuckerman
RP2 Ronald Mata
HM2 Carl Cascone
HM2 Napoleon Edmondson
HM2 Redena Lesley
HM2 Melissa Lord
HM2 Babette Powell
HM2 Christine Wurst
HM3 Danilo Dantes
HM3 Michele Freeland
HM3 Kevin O'Meara
HN Sylvester Garcia

Marine Corps Certificate of Commendation:

HM3 John Emperor

Sailor of the Month for January:

HM1 Elizabeth White

Civilian of the Quarter:

Erlinda Guzman

Sailor of the Year:

HM1 Clarissa Martinelli

Good Conduct Award: (First)

HM2 Michael Christiansen
HM2 Crispin Chua
HM3 Ferdinand Aben
HM3 Stephanie Fothergill
MS3 Terrance Montigue
HM3 Robert Williams
DN Robert Pursell

Good Conduct Award: (Second)

HM2 Raol Rimorin

Navy Achievement Medal: (First)

LCDR Margaret Barton
LCDR Robert Olshaker
MS2 Rodolpho Cipriano
MS2 Perfecto Manrique

Navy Commendation Medal: (First)

CAPT George Wilson

Two NHO Urology residents take first place in competitions

By Andree Marechal-Workman

If you've ever doubted that Naval Hospital Oakland is the best military hospital in the region, talk to CDR Raymond B. Leidich, head of the Urology Department. He's very proud of his residency program, and wants everyone to know that two of his residents placed first in two different research competitions — one national, the other regional.

"The first is Dr. [Richard J] Leidinger, a lieutenant commander who's in his fifth year of residency," he said, emphasizing the "national" aspect of the award.

According to the head of the department, LCDR Leidinger won first place out of "over 100 papers" presented at the 39th Annual James C. Kimbrough Urological Seminars in Baltimore, MD. His research was entitled Highly Selective Embolization of the Penile Artery for Treatment of High Flow Priapism.

"To put it in plain English," said CDR Leidich, "the technique described by Dr. Leidinger in one which, in selective cases, can treat priapism. He added that priapism is a condition caused by abnormalities of blood flow that results in prolonged erections. If the erection persists for long periods, the

penis can develop gangrene, and will eventually be lost.

"In essence," the commander added, "Dr. Leidinger's technique salvages the penis of a selected subset of patients afflicted with priapism and prevents eventual loss of their penis."

In fact, the kidneys are riddled with so many cysts that they destroy all the normal tissue, and this can result in kidney failure.

In addition to this prestigious award, Dr. Leidinger was selected "the Best Navy Urology Resident" in the pyelogram conference competition at that same Baltimore seminar.

Each year Urology X-rays are shown at the seminar, and the residents are asked to interpret them in a sort of competition, to see who does the best job," explained CDR Leidich. "This year, LCDR Leidinger took first place, and this means that he not only placed first in the competition, but also presented the best paper."

The second Urology laureate is LCDR (select) John

J. Keizur, who won top honors for a paper presented at the Northern California Urology Residents Competition held at Stanford University — an annual competition between residents from the University of California San Francisco, the University of California Davis, Stanford University and Naval Hospital Oakland. Dr. Keizur's paper was entitled Management of Chronic Pain Syndrome in Autosomal Dominant Polycystic Kidney Disease: Roving Revisited.

"Polycystic kidney disease, a condition that can cause chronic pain, often results in kidney failure and dialysis," CDR Leidich explained. "Dr. Keizur's research entailed identification of a subset of those patients who would benefit from a surgical procedure in which the cysts are drained. We are talking about many, many cysts. In fact, the kidneys are riddled with so many cysts that they destroy all the normal tissue, and this can result in kidney failure. Open surgical



LCDR Richard Leidinger, (left) and LCDR (select) John Keizur proudly display the citations and plaques they were handed out at the University of California San Francisco's Urology "grand rounds" in February. (Official U.S. Navy photo by A. Marechal-Workman)

drainage of the cysts in selected patients may preserve kidney function and relieve pain."

CDR Leidich clarified that NHO Urology residency is a five-year program that provides post graduate surgical training in the specialty. He said that, as a

fifth year resident, Dr. Leidinger is slated to graduate this year. Dr. Keizur, who is currently on a year's rotation at Kaiser Permanente Hospital in Walnut Creek, is a fourth year resident. He has one more year to complete before becoming a full-fledged urologist.

Cutting the high cost of CHAMPUS

FOUNDATION HEALTH, SACRAMENTO, CA — Are you tired of paying \$150 to \$300 in CHAMPUS deductibles, filling our claim forms and paying 20 percent of your doctor bills? Come find out how to escape the hassles and high cost of standard CHAMPUS Prime,

when representatives of Foundations Health will present the program to military families at two different locations, on two different dates.

The first presentation will be held on Thursday, March 5, at 4:30 p.m., at Moffett Field's Base Theater. The second will take place a week later, at 5 p.m., at the Naval Technical Training Center (NTTC) on Treasure Island.

CHAMPUS Prime is the least expensive of three CHAMPUS options available. Standard CHAMPUS, the traditional program, has been available for some 30 years; CHAMPUS Extra was introduced in 1988.

CHAMPUS Prime is an enrollment program. Members enjoy many benefits that include:

- * No annual deductibles — currently \$150 per individual and \$300 per family under standard CHAMPUS.
- * No monthly premium or payroll deduction.
- * No claim forms to fill out or send in.
- * \$5 civilian doctors' office visits.
- * \$4 civilian prescriptions.

* A personal primary care provider — a civilian provider or the military clinic in your area.

Further, if you do choose the branch medical clinics, you won't even pay the \$5 charged for a civilian doctor's office visit.

Come and find out more about this cost-saving program on March 5 and 12 at the locations mentioned above. Or, if you cannot attend the briefings, call 1-800-242-6788.

Under a Department of Defense contract, Foundation Health Corporation of Sacramento, CA, is the prime contractor for the CHAMPUS Reform Initiative (CRI). Through CRI, the company offers CHAMPUS Prime and Extra to military families in California, Hawaii and New Orleans, LA.

(Editor's Note: To be eligible for CHAMPUS Prime or any CHAMPUS programs, beneficiaries must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). Families who need to confirm DEERS listings should contact their local military personnel office).

Active Duty Dependents Dental Plan

AURORA, CO. — February is Children's Dental Health Month and it's a good time for active-duty service members to make sure their dependents are enrolled in the uniformed services' Active-Duty Dependents Dental Plan. Spouses and children can be enrolled if they live in the United States, Guam, Puerto Rico or the U. S. Virgin Islands, no matter where the active-duty member is stationed.

The plan, operated by the government's contractor, DDP*Delta, covers basic dental care. Many services are fully covered, including checkups, X-rays, cleanings, fluoride treatments, laboratory tests, sealants and space

maintainers (for children under age 14), and some emergency treatment. The plan shares 80 percent of the cost of fillings, crowns on baby teeth, and repairs to dentures. The program also provides a small alternative treatment allowance toward some permanent crowns.

The government pays most of the premium cost, so the monthly payroll deduction is only \$4.57 to cover one dependent, or \$9.14 to cover an entire family.

Families may be treated by the dentist of their choice; however, they may save money, time and paperwork by going to one of the more than 100,000 participating Delta dental offices nationwide. Delta dentists

submit claims for you, accept payment directly from DDP*Delta, limit their fees to agreed amounts, and don't require full payment in advance for covered services.

Check with the health benefits advisor in your catchment area for more details on the plan and information about participating dentists. The advisor at Naval Hospital Oakland is Chesta Brantley, who can be reached at (510) 633-5204. You can also call DDP*DELTA at (916) 381-9368.

Remember—the plan is voluntary. If you haven't signed up for it at your Military Personnel Office, your family is not covered.

Oak Knoll celebrates Black History Month

Text and photos by
A. Marechal-Workman

On Feb. 19, Naval Hospital Oakland observed Black History Month with a program of dance, singing and poetry reading. In line with this year's theme designated by the secretary of the Navy, African Roots, Explore New Worlds, Pre-Columbus to Space Age, the program highlighted the contributions to world history made by men and women of African heritage throughout the ages. Among those were Thurgood Marshall who became the first American Supreme Court Justice in 1967. One of the foremost Civil Rights lawyer in America, as head of the Legal Defense and Education fund for the NAACP from 1938 to 1961, he won 29 of 32 Supreme Court cases, including Brown

versus the Topeka Board of Education in 1954, which outlawed segregation in U. S. public schools.

Another was Mary McLeod Bethune, a major figure in black American history, who served on the Advisory Committee of President Franklin D. Roosevelt's National Youth Administration and persuaded him to set up the Office of Minority Affairs. In collaboration with Eleanor Roosevelt, Mrs. Bethune raised funds to build what is now known as Bethune-Cookman College, a merger of her own school with the Cookman Institute. She founded the extant National Council of Negro Women and, at her death in 1955, left the legacy of a lifelong career dedicated to young people.

A stirring poem by Langston Hughes, "The Negro Mother," was read by LT Pamela Trahan, division officer in charge of Gynecology

Surgical Services of the hospital's Main Operating Room Department interpreted by dancer, Soyinka Rahim, and drummer, Renee Brown.

The Naval Hospital Oakland Choir, led by Earline Oliver, of Administrative Support



African American dancer and musician interpret poem by Langston Hughes



Department, entertained a standing room only audience, as did a skit entitled Jacob's Ladder paying tribute to African American astronauts, U.S. Air Force Colonels Gregory, Bluford and Bolden and Dr. Jamison.



(starting from top, center): Keela Thurston (left), Da'sha Turner and Monica Flowers, who represent a new generation, tell the audience what they've learned about black history; Sonyinka Rahim (left) expresses her understanding of Langston Hughes poem, "The Negro Mother," to the tune of Renee Brown's African drum; LT Pamela Trahan (left) recites the poem while Rahim continues her interpretation; Rahim acts out the struggle of "The Negro Mother" in a virtuoso dance movement; Oak Knoll leadership partakes of the African American culinary delights served in the hospital's main dining room.

Naval Hospital Oakland Up Close



LT Pamela Trahan, NC, USN



HM1 Odessa McGahee



Zanella Chatman

What division/department do you currently work in? Main Operating Room/ Nursing Service

What is your job? Division officer in charge of Gynecology Surgical Services. Orientating new personnel, training students in gynecology surgical procedures, maintaining adequate stock of required supplies, ordering new equipment and ensuring proper processing of instruments.

Marital status: Single.

Children and ages: Sole guardian of 12-year-old nephew, Gary Flowers and 5-year-old niece, Shaminika Valentine.

Hometown: Oakland, CA.

Hobbies: Reading, going to plays, museums and all seasonal sports.

Likes: Good hearted people.

Dislikes: Racism.

What is the most challenging part of your job? Being patient, allowing junior technicians and students to mature and develop at their own pace.

What is your immediate goal? To have a successful Black History Month program and to begin preparing for Advanced Operation Room Nurse certification.

What is your long-term goal? Retirement.

If I could do it all over again, I'd? Not change a thing.

I wish I could stop: Being so impatient.

I respect myself for: My commitment to duty, perseverance and willingness to help others.

Role Models/Heroes: I've been blessed with a strong personal family of black women; my mother and grandmother. Historically I have always admired Ida B. Wells and Mary McCloud Bethune.

Special Comment about Black History Month: Mrs. Bethune said she leaves us a lifetime of commitment... "Know that faith in God and faith in oneself can take us to the highest heights. Knowing the facts about our history will impel us to conquer every challenge."

What division/department do you currently work in? Respiratory Therapy in the Internal Medicine Department.

What is your job? Leading petty officer for Respiratory/ Pulmonary Division, supervising 14 military staff and two civilian employees.

Marital status: Married.

Spouse: Travis.

Children and ages: Shane, 8.

Hometown: McClellanville, S.C.

Hobbies: Softball, reading and biking.

Likes: Meeting people who are honest and goal-oriented.

Dislikes: Dishonest and deceiving individuals.

What is the most challenging part of your job? Managing various personalities of both military and civilian personnel alike. This is the most challenging in that I am required to wear many hats (LPO, supervisor and any other title suitable for the job at hand).

What is your immediate goal? To finish my bachelor's degree in Education.

What is your long-term goal? To teach high school students and provide a positive role model for our students; retire from the Navy and spend more quality time with my family.

If I could do it all over again, I'd: Have finished my college education first and then joined the Armed Forces.

I wish I could stop: The paperwork shuffle that frustrates the system for both patient and staff, sometimes with no visible means in sight.

I respect myself for: Pride that I instill in all/ any task assigned, positive attitude and specific accomplishments.

Role models/heroes: My mother and father.

Special comment concerning Black History Month: Let's not just remember all the accomplishments that Afro-Americans have instilled in the country during one month of the year, but as a continuous recognition for all times.

What division/department do you currently work in? Civilian Personnel Department.

What is your job? Through various means, I recruit people to fill civilian job vacancies at the Naval Hospital; (such as announcements, newspaper ads, job fairs, etc.)

Marital status: Single.

Hometown: Oakland, CA.

Hobbies: Reading and old movies.

Likes: Honest people.

Dislikes: Racism and bigotry.

What is the most challenging part of your job? Maintaining good communication lines with the managers who are assigned to me. Understanding what is needed and getting the job done within our command limitations.

What is your immediate goal? More outreach to high school students to get them interested in the work environment.

What is your long-term goal? Providing assistance in career planning/development through workshops, seminars, etc.

If I could do it all over again, I'd: Complete college before entering the work force.

I wish I could stop: Street violence and hate crimes.

I respect myself for: Being an independent African-American woman.

Role models/heroes: Oprah Winfrey.

Special comment about Black History Month: I feel that the contributions to this country by African-Americans should be celebrated year-round and not just for one month.

From the Chaplain

By LT Anne Kennedy,
CHC, USN

February is Black History Month. As a chaplain, I rejoice with every opportunity to encourage cultural heritage and call attention to the varied and rich traditions of our ancestors who built this nation. As a Christian, I look back at many of the events in our shared American history with mixed feelings. I am proud to be a minister of gospel, and take stand alongside the Reverend Martin Luther King, Jr., who demonstrated that consistency of faith and purpose, in the context of love and peace, can alter a nation's history. On the other hand, I am ashamed that others, who profess to believe



the same gospel, could not recognize that love and hatred, grace and prejudice, kindness and legalism cannot co-exist in one's faith without one overtaking the other. For the Reverend King and, I hope, most chaplains in the military, it will be love, grace and kindness that takes priority.

In today's world, we are

attempting to correct aberrations of the past. I applaud the focusing on black history because it was largely absent in my history textbooks when I was growing up. However, I regret that black history cannot be incorporated into the larger context of all of our history, because it somehow implies that black history is only for blacks. I, however, received the benefits of great blacks in our shared history. Booker T. Washington started as the son of a slave and became an educator, whose contribution has changed history. One of my father's cherished books was an autobiography of Mr. Washington printed in 1901. In its introduction by Dr. Curry, he writes:

"The life of Booker T. Washington cannot be written. Incidents of birth, parentage, schooling, early struggles, later triumphs, may be detailed with

accuracy, but the life has been so incorporated, transfused, into such a multitude of other lives—broadening views, exalting ideas, molding character—that no human being can know its deep and beneficent influence... he has been an example of what worth and energy can accomplish, a stimulus to everyone... aspiring to a better life and to doing for others."

My life is better because of his leadership, and so are the lives of the thousands of blacks in our history who contributed their skills in building this country. One of them developed the cleaning fluids used in dry cleaning processes that benefits me daily in my dry-cleaned uniforms. Some were scientists in the development of multi-use derivatives of soybean and peanut plants. Some of them were self-educated scholars, hardworking and diligent in their

contributions to our schools and educators, writers, philosophers and novelists. In my college American Literature class, James Baldwin was introduced as a prime example of American literature. His fame came not because he was black, but because he was one of the best American writers. His writings touched my heart and mind. I suppose that is why I hope that as we look at Black History Month, we will not see it as a month celebrating, in isolation, one of several American cultures, but, rather, as a focus on an integral contributing part of one culture that has made all of us better. Let us celebrate the great people in our shared history, who happen to be black. Let us honor them for their accomplishments and resolve to do likewise—to make a positive difference in this nation of ours.

Quality Improvement update

The following Quality Improvement references and sound cassettes are available at Naval Hospital Oakland's Medical Library, third floor, Building 500.

1. Books

Akao, Y., Quality Function Deployment (QFD), 1990.
 Barker, J., Discovering the Future the Business of Paradigms, 1989.
 Bennis, Warren G., Why Leaders Can't Lead, 1989
 Berwick, D., Curing Health Care, 1991.
 Blanchard, Kenneth H., Putting the One Minute Manager to Work, 1984.
 Brassard, Michael, The Memory Jogger Plus, 1989.
 Deming, W. Edward, Out of the Crisis, 1986
 Drucker, Peter R., The New Realities: In Government and Politics, 1989.
 Gitlow, H. Deming Guide to Quality and Competitive Position, 1987.
 Imai, M. Kaizen 1986.
 Juran, J. M., Juran on Leadership for Quality, 1989.
 King, B., Hoshin Planning the Development Approach, 1989.
 Mann, N., The Keys to Excellence (The Story of Deming Philosophy)
 Marszalek-Guacher, E., Transforming Healthcare Organization
 Mizumo, S., Management for Quality Improvement, 1988.
 Neave, Henry R., The Deming Dimension, 1990.
 Peters, Thomas J., A Passion for Excellence: The Leadership Difference, 1985.
 Saaty, T., Decision Making for Leaders, 1990.
 Scholtes, Peter R., The Team handbook, 1988.
 Scherkenbach, William W., The Deming Route to Quality and Productivity, 1986.
 Tufte, E., Visual display of Quantative Information, 1983.
 Walton, Mary, The Deming Management Method, 1986.
 Walton, Mary, Deming Management at Work, (on order)

2. Sound cassettes

Battles, Brian, How to Listen Powerful, 1988.
 Bliss, Edwin C., Getting Things Done, 1987.
 Heckler, Lou, Leadership Training, 1987.
 Kirschner, Rick, How to Deal with Difficult People, 1987.
 Lohr, Dick, How to Delegate Work and Ensure It's Done Right, 1988.
 Mackay, Harvey, Swim with the Sharks Without Being Eaten Alive, 1988.
 Peters, Thomas J., The New Masters of Excellence, 1986.
 Rhode, Helga, Assertiveness Training for Professionals, 1986.
 Shelton, Lee, Creating Teamwork, 1986.

Other references are available in the Quality Improvement Office (QI), also on the third floor of Building 500.

Barker, Joel, Discovering the Future, 1989.
 Camp, Rober, Benchmarking, 1989.
 Carr, Clay, Front-Line Customer Service, 1990.
 Crosby, Philip, Running Things, 1986.
 Imai, Masaaki, Kaizen, 1986.
 Jablonski, Joseph, Implementing Total Quality Management, 1991.
 Kume, Hitoshi, Statistical Methods for Quality Improvement, 1988.
 Miller, Lawrence, Design for Total Quality, 1991.
 Mizumo, Shigeru, Management to Quality Improvement: The Seven New Quality Control Tools, 1988.
 Moran, J.W., Daily Management, 1991.
 Pfeiffer & Co., Encyclopedia of Team Development, 1991.
 Pfeiffer & Co., Encyclopedia of Team Building Activities, 1991.
 Saaty, Thomas, Decision Making for Leaders, 1990.
 Silberman, Mel, 20 Active Training Programs, 1992.
 Timeplace, TQM Research Guide and Source Book, 1991.

Medical Effects of Nuclear Weapons course

The Medical Effects of Nuclear Weapons (MENW) course provides training in the biomedical consequences of radiation exposure and medical management of casualties. The course, developed and presented by staff of the Armed Forces Radiobiology Research Institute (AFRI), Defense Nuclear Agency is designed for the military medical professional.

The course was developed to improve operational capabilities of the military services by providing medical and operational personnel with up-to-date information about the medical consequences of nuclear weapons on human health and performance and how these effects can be reduced.

MENW is a recognized, approved course of military

instruction for officers and enlisted personnel that provides postgraduate medical education and continuing education credit (CME/CEU's) for physicians, nurses, health physicists, industrial hygienists, physician assistants and other health care providers.

The two-day course will be held at Naval Hospital Oakland on April 27 and 28 from 8 a.m. to 4:30 p.m. Seats are limited and will be assigned on a first come first serve basis. To register for the course or for further information call the Radiation Health/Safety Department at Naval Hospital Oakland at 633-5754/6760.

Point of contact for additional questions is LT M. Earles, Asst. Radiation Safety Officer at 3-6760.

Navy League shows appreciation

RADM William Buckendorf (center) and CAPT Noel Hyde (left) pose with members of the Navy/Marine Corps Relief Society (NMCRS): (from right, first row) Helen Cupper, vice president, Oakland Council (for Oak Knoll); Mrs. Hadwick A. Thompson, secretary, Oakland Council; (2nd row) Al Kelly, vice president, Oakland Council (for Marines); Hadwick A. Thompson, outgoing president, Oakland Council, and regional vice president, Community Affairs, and Thalice Hatten, past president, Oakland Council, and liaison with USNS Mercy. Hadwick A. Thompson presented an appreciation plaque to RADM Buckendorf and the NMCRS members. (Official U.S. Navy photo by A. Marechal-Workman)



News Briefs

A word to the wise—Effective March 1, MANDATORY processing for separation of the first time drug abuse offenders will include ALL Navy paygrades. All Navy personnel in paygrades E-1 and above, who commit an initial offense shall be disciplined as appropriate, screened for drug dependency and processed for separation. Individuals separated administratively or punitively, who are medically diagnosed as drug dependent, shall be offered veterans administration treatment at time of separation. Self referral for drug abuse is an incident of drug abuse and does NOT prevent the member from being immediately processed for separation.

ADAMS course — The Alcohol and Drug Abuse Management Seminar (ADAMS) is an excellent one-day course for enhancing officers' supervisory skills and knowledge in identifying and preventing drug and alcohol abuse. Lieutenant commanders and above are strongly encouraged to attend. The next courses will be offered on March 31 and again on April 1 at Treasure Island CAAC from 7:30 a.m. - 4 p.m. Call HMC Nina Connor at 633-5808/5257 for more information.

Hazardous waste pick-up — A weekly pick-up run has been started for the hazardous waste that is generated by the hospital. All generators of hazardous waste can bring their waste to the back loading dock, third floor, at 8:30 a.m. every Friday, where Facilities Management will take custody of the waste and dispose of it properly. To be eligible for pick-up the waste container must be labeled, a NHOAK 5100/9 form must be completed. The form should include the National Stock Number for the product or an attached Material Safety Data Sheet, if one has not already been given to the Facilities Management Department. Note that pick-up will occur only on Friday morning and at no other time. If no generator is present at the back loading dock by 8:45 a.m., FMD will leave and you will have to wait until the following week to dispose of the waste. If you have any questions, contact LT Cynthia Manning at 633-6300.

PRT note — The Physical Readiness Test (PRT) has been rescheduled for April 27 through May 1, 1992. Those personnel unable to participate should contact the PRT office to complete the test prior to the above dates.

National Nutrition Month — It's almost March, and all those New Year's resolutions to lose weight have become tiresome, right? Well, it looks like National Nutrition Month comes just in time. Losing weight or living a healthier lifestyle shouldn't be a once-a-year pledge after overindulging during the holidays.

During National Nutrition Month learn how to make a lifetime commitment that won't be tiresome. Here are a few things to watch for: Weekly classes on general nutrition, lowering cholesterol, low sodium diets, and weight loss, as well as nutritional information on foods served in the galley with suggested "healthier choices."

Stay tuned for this and more through the month of March.

Tobacco facts: Did you know that? The 434,000 tobacco-induced deaths in 1988 in the U.S. included 198,000 from cardiovascular disease (26,000 from stroke), 112,000 from lung cancer, 31,000 from other cancers, 83,000 from emphysema and related disease and 1,300 burn deaths from fires caused by smoking. Thirty-nine percent of all professional baseball players are regular smokeless tobacco users. Oral leukoplakia, a precancerous condition, was present in 46 percent of those users.

Naval Hospital Oakland Announces

a new improved

Patient Appointment System.

Call (510) 633-6000

to schedule and cancel all clinic appointments

Monday through Friday from 8 a.m. to 4:30 p.m.

No more busy signals!!!!

Speak directly with an appointment clerk.

Civilian News

Direct deposit to your bank saves you time and frustration

The safest and most economical way for the government to distribute checks is through direct deposit to your bank.

This is how the system works:

The Navy Regional Finance Center, Great Lakes, (NRFC, GL) prepares our paychecks. For Direct Deposit, NRFC, GL transmits payment data electronically to the Federal Reserve Bank (FRB). The FRB processes the data using the telecommunications network to credit payments to individual accounts at designated financial institutions selected by the employee. Payments are credited to your account on payday. Employees can make two allotments and still have the balance forwarded to a third bank.

NRFC Great Lakes has an excellent track record for making payments on time. Unfortunately, once a paper check is in the US postal system, it can be delayed or lost. NRFC has no control of checks in the mail. With electronic transfer, NRFC can make your money available on payday.

Only about 75 percent of Naval Hospital Oakland civilian staff takes advantage of this excellent program which provides the following.

- * Elimination of hardship and inconvenience associated with lost, stolen or mutilated checks.
- * Reliable system assures crediting your bank on payday.
- * Automatic deposits when you are on leave or travel duty.
- * Avoiding long bank lines.
- * Reduces the government's time and expense of preparing and distributing individual checks.

For more information call the Payroll Office at 633-4843 to sign up. Point of contact in the Fiscal Department is Robert Hilliard, 633-6728.

C, F, and G Fund Monthly Returns

January 13, 1992

Months	C Fund	Wells Fargo Equity Index Fund	F Fund*	Wells Fargo U.S. Debt Index Fund	G Fund
1989 (Jan. - Dec.)	31.03%	31.61%	13.89%	14.45%	8.81%
1990 (Jan. - Dec.)	(3.15%)	(3.19%)	8.00%	8.89%	8.90%
January	4.55%	4.37%	1.15%	1.29%	.69%
February	7.07	7.13	.86	.81	.62
March	2.40	2.40	.67	.67	.68
April	.18	.22	1.05	1.08	.66
May	4.30	4.28	.57	.58	.68
June	(4.49)	(4.53)	(.01)	(.04)	.66
July	4.63	4.65	1.40	1.42	.69
August	2.37	2.35	2.12	2.16	.69
September	(1.63)	(1.68)	1.99	2.03	.64
October	1.39	1.36	1.09	1.12	.62
November	(3.96)	(4.00)	.89	.91	.61
December	11.41	11.41	2.96	2.98	.62
1991	30.77%	30.42%	15.75%	16.03%	8.15%

Percentages in () are negative. *Through 1990 the F Fund was invested in the Wells Fargo Bond Index Fund.

USNS Mercy (TAH-19) reunion

The USNS Mercy (TAH-19) officer in charge, Medical Treatment Facility, cordially invites all personnel and their families who were part of the ship's company during Operations Desert Shield/Storm and the 1987 Humanitarian Deployment for an onboard reunion April 25. The day's events will commence at 10 a.m. and end at approximately 4 p.m. Those individuals who plan to attend should RSVP by mail to: Officer in Charge, Attn: LT M.A. Anaya, Medical Treatment Facility, USNS Mercy (TAH-19), FPO AP 96672-

4090. They can also RSVP by telephone, commercial (510) 302-3718, autovon 672-3718 or fax (510) 302-3723.

Many fund raising events will take place in the near future. If you would like to volunteer to assist, please contact LCDR Carol Bohn, NC, at (510) 633-5965 — Naval Hospital Oakland's Quality Assurance Infection Control Coordinator.

USS Norton Sound Association eighteenth reunion (June 1992)

The USS NORTON SOUND (AV-11/AVM-1) will sponsor its eighteenth reunion June 24-28, 1992 at Port Hueneme, CA.

All interested Association members, former Norton Sounders, members of attached military units, civil service and contractor personnel who served aboard during any period of her

forty-one year history of service to the nation are invited to attend.

Point of contact for further information is Robert F. Hovestadt at (805) 485-6144. He can also be reached by mail at the following address: USS Norton Sound Association, P.O. Box 487, Port Hueneme, CA 93044.

Civilian Personnel vacancy listing

This is the list of current and open continuous vacancies which is serviced by Civilian Personnel Department at Naval Hospital Oakland. Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled, certain Vietnam Era and disabled veterans, may apply for these announcements.

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or autovon 828-6372, Monday through Friday, 8 a.m. - 4 p.m., or visiting the Civilian Personnel Office.

Position	Location	Closing Date
Secretary (Typing) Directorate for Logistics GS-318-06		OUF
Pharmacist GS-660-11	Pharmacy Department	OUF
Program Analyst Officer GM-343-13	SFMC	OUF
Microbiologist GS-403-12	Laboratory	OUF
Supervisory Respiratory Therapist GS-651-9	Respiratory Therapy	OUF
Secretary (Steno) GS-318-08	SFMC	OUF
Secretary (Steno) GS-318-06	Director for Logistics (SFMC)	OUF
Firefighter (Structural) GS-081-05 (2 Positions)	Operations Management	OUF
Word Proc Systems Operator (Typ) GS-303-05 (P/T)	Patient Administration	OUF
Word Proc Systems Operator (Typ) GS-303-05	Patient Administration	OUF
Social Worker GS-185-11	Social Work Department	OUF
Civilian Pay Technician GS-544-05	Fiscal Department	OUF
Laundry Worker WG-7304-02	Operations Management	OUF
Physicians Assistant GS-603-11	Internal Medicine	OUF
Purchasing Agent GS-1105-6 (Temp 2 Positions)	Contracting Department	OUF
Occupational Therapist GS-631-7/9	Physical/Occupational Therapy	OUF
Clinical Dietician GS-630-09	Food Management Department	OUF
Optometrist GS-662-9/11/12	Branch Clinic, Alameda	OUF
Community Health Nurse GS-610-11	Social Service Department	OUF
Medical Officer (OccupMed) GS-602-13	Various Locations	OC
Medical Officer (Gen Practice) GS-602-13	Various Locations	OC
Occupational Health Nurse GS-610-9	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC
Chemist GS-1320-5/7	Navy Drug Screening Lab	OC
Vocational Nurse GS-620-5	Various Locations	OC
Note*	OC= Open Continuously OUF=Open until filled	



The Red Rover

The Navy's
First
Commissioned
Hospital
Ship

Volume 4-Number 5

Naval Hospital Oakland, California

March 20, 1992

Medical Corps charts new course

Story and photos by
Andree Marechal-Workman

March 3, 1992 marks the 121st anniversary of the Medical Corps. According to medical historian, W. Kenneth Patton, of the Bureau of Medicine and Surgery (BUMED), although the first Navy surgeon went to sea in 1775, it was not until March 3, 1871 that an Appropriation Act of the 41st Congress of the United States officially recognized a "Medical Corps."

From an initial complement of just over 200 male medical officers, in keeping pace with the needs of the Navy, the Medical Corps has grown into a force of 4,307 men and women who perform more complex roles than those of their civilian counterparts. Many of these officers distinguished themselves during Desert Shield/Storm, in the Saudi desert and aboard USNS Mercy (T-AH 19) and USNS Comfort (T-AH 20).

The following feature honors Naval Hospital Oakland's military physicians and surgeons and discusses some of the programs that are changing the face of Navy Medicine. It stems from interviews with three senior medical officers, CAPT Michael J. Little, director for Medical Services; CAPT John W. Bartlett, director for Surgical Services, and CAPT A. Herbert Alexander, chairman of the Department of Orthopaedic Surgery.

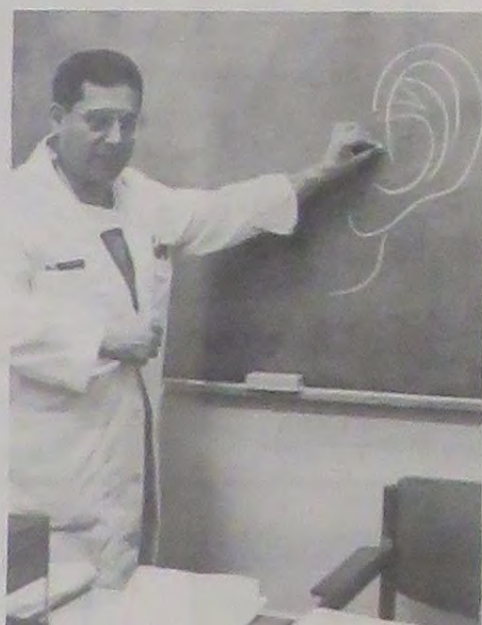
As it celebrates its 121st anniversary, the Medical Corps is unobtrusively, but very efficiently, writing the first page of a new chapter in its history. With the continual advancements in technology and the dramatic changes in our geopolitical world, CAPTs Little, Bartlett and Alexander agree that a new course is being charted for future generations of MC officers.

"I think we're going to see an ever-growing increase in

technology," said CAPT Little, "as well as more focus on preventive medicine — like the wellness and fitness and control programs that are now going on [at the command]."

Adding that, with the concentration on hospital ships and field hospitals we've witnessed in the last few years, especially during Desert Shield/Storm, he said that he believes "global wars are a thing of the past," and that our uniformed medical staff is going to turn more and more toward contingency planning and the kinds of disaster preparedness scenarios that are being coordinated by the National Disaster Medical System (NDMS).

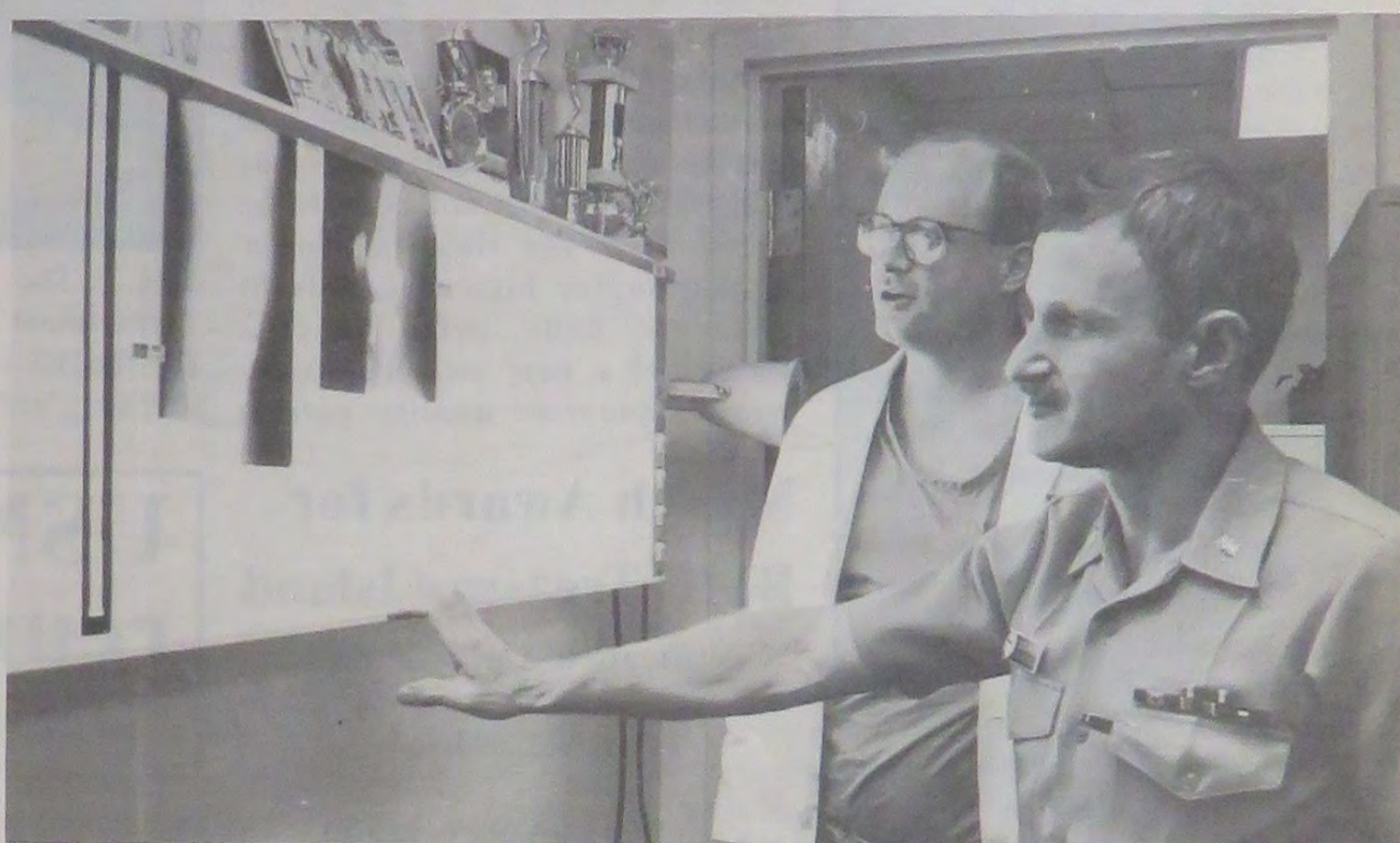
NDMS was developed to deal with medical care in disasters of great magnitude. Based upon the concept in which community hospitals voluntarily commit a portion of their beds for mass disaster casualties, the system is



LT COL Rosendo S. Icochea, USA, who teaches plastic and reconstructive surgery to residents at Naval Hospital Oakland, draws a sketch of an ear to demonstrate a surgical procedure. (Official U.S. Navy Photo)

a cooperative effort of the Department of Health and Human Services, Department of Defense, Veterans Administration, Federal Emergency Management Agencies (FEMA), state and local governments and the private sector.

But, according to CAPT



CAPT A. Herbert Alexander (foreground), who chairs the Department of Orthopaedic Surgery, discusses a patient's x-rays with staff orthopaedic musculoskeletal oncologist, LCDR James Bruckner. (Official U.S. Navy Photo)

Bartlett, it is the change in the development of new residency programs that could go in the annals of the Corps as one of the most sweeping reforms to-date.

"The residency program here is now integrated with the University of California Davis (UCD) East Bay," he said, explaining that, under the UCD umbrella, the command "has now amalgamated its residency programs with Highland General Hospital and Kaiser Permanente Hospital Oakland," thus increasing its residency rolls from 15 to 75.

Under this program, residents at all three hospitals exchange rotation tours, CAPT Bartlett explained. For example, UCD East Bay resident, Catherine Forest, MD, is currently training at NHO's Surgery Clinic. At the same time, Lieutenant Commander Harpreet Brar, MC, a Navy general surgery resident, is in rotation at Kaiser Permanente Hospital Oakland.

"This is the first time this has ever been done in the Navy for our surgical services," CAPT Bartlett said with pride. "We have been able to produce more in scientific journals and in academic pursuits under the influence of the university [UCD], and the admixture of the

staff has been rewarding."

An article by Marc Zolton published in the March 9th issue of "Navy Times", (page 16), noted NHO surgeons are being sent to nearby Highland General Hospital to gain experience in treatment of gunshot wounds. "Under the program started in Oakland last summer," Zolton wrote, "Navy surgical residents

and [staff] surgeons spend at least one month, and sometimes as many as three, working...in the grim killing fields of Oakland's innercity streets...[reaping] vital trauma experience.

Modeled after the residency program at the National Naval Medical Center, Bethesda, MD,

See History pages 4-5

Nutrition basics

Choosing a well balanced diet

By Monica Tan,
student dietician

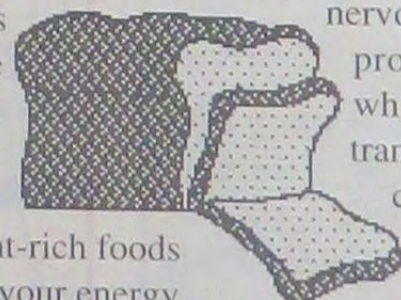
Good nutrition plays an important role in the overall health of an individual; therefore, the food choices you make are very important. Choosing a well-balanced diet with nutrient-rich foods will ensure that your energy, protein, fiber, vitamin and mineral needs are being met. This means that you'll need to include foods from all food groups in your daily food choices — the bread, grain and cereal group; the fruit and vegetable group;

the meat, fish and poultry group; the dairy and fat groups.

The bread, grain and cereal group provides thiamin and niacin, two vitamins that assist in the release of energy from food and promote a healthy nervous system. They also provide iron, a mineral which is essential for the transport of oxygen to your cells. This group, which is an excellent source of energy, is also high in complex carbohydrates and fiber, while being low in fat.

The fruit and vegetable group is a good source of fiber in the diet. It also provides many vitamins like vitamins A and C,

See Nutrition page 8



March is National Nutrition month

Family Support Center Treasure Island offers workshops

The following workshops and classes, sponsored by Family Support Center (FSC) Treasure Island, will be available to U.S. Navy personnel in March:

Earned Income Tax Credit Workshop

On March 18 at 5 p.m. an IRS representative will be on hand to review earned income \$2,020 and over. He/she will also answer questions concerning taxes of Desert Storm participants.

Effective Anger Management

On March 19, 2 - 4 p.m., learn the basics of managing your anger and how to make it work for, not against, you.

Pregnant Sailor Workshop

This workshop is scheduled Wednesday and Thursday, March 25 and 26, 9 a.m. to 4 p.m., in Building 257 at Treasure Island. The workshop will include briefings by housing, medical and child care personnel; presentations by the Administration on the Navy pregnancy policy, as well as the rights and responsibilities of active duty parents.

The Navy/Marine Corps Relief Society (NMCRS) will present the Budgeting for Babies course. E-5 and below are eligible for a NMCRS seabag worth approximately \$90. Participants will also be trained in infant/child CPR.

Pre-registration is required. Point of contact for Naval Hospital Oakland is Anna Rodriguez, New Parent Support Team, Social Work Department, 633-5830 or 5906.

Crochet classes

Learn the basics of crocheting on March 23 and 30 and April 6 and 13, 6 - 8 p.m. Make a sampler for the Navy/Marine Corps Relief Society, or bring supplies to make your own sampler.

In addition, every Wednesday, FSC Treasure Island offers the following:

* A Children's Story Hour sponsored by the American Red Cross held in the library, 3:30 - 4:30 p.m.

* A pre-separation briefing from 9:30 a.m. to noon. A three-hour presentation, the briefing answers some of the most commonly asked questions: How do I apply for the reserve program? How do I ship my household goods? Am I entitled to Unemployment Insurance and more? Registration is encouraged.

All seminars and workshops meet at FSC Treasure Island, Building 257, unless otherwise indicated. Call (commercial) 415/ 395-5189 or (autovon) 475-5189 to register for all programs or for more information.

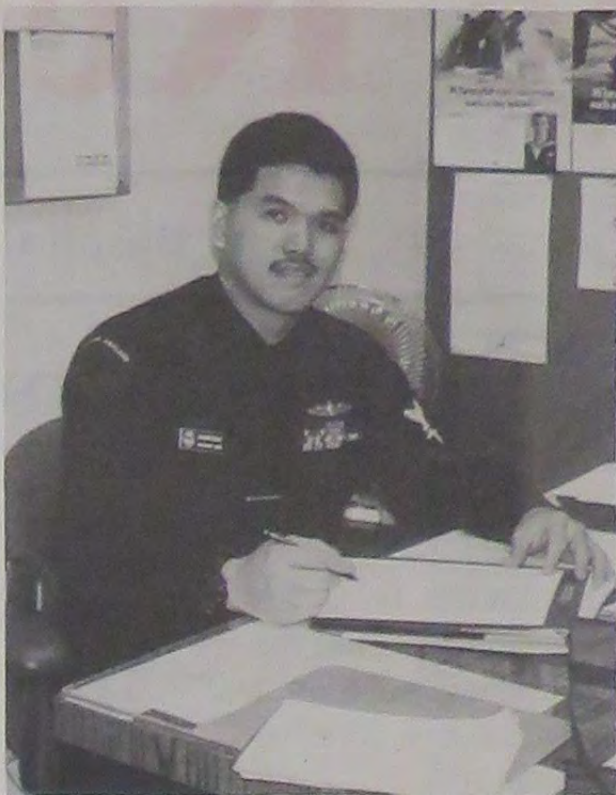
HM2 Montenegro

NHO February Sailor of the Month

By Andree Marechal-Workman

HM2 Emmanuel S. Montenegro (SW) joined the Navy in 1984 "to see the world and all the exotic places." If Oakland doesn't quite have the luster of Rio de Janeiro or Paris, the Oak Knoll command made up for it by recognizing the hard-working acting leading petty officer of the Outpatient Division as its top sailor for February.

According to the citation, HM2 Montenegro, who is a native of Cavite in the Philippines, was selected for the award because he "personifies the Hospital Corps' reputation for high standards of conduct and performance... [bringing] a new meaning to the words 'superior quality patient



care." The citation also lists the "department's commendable results [of the IG inspection as being] a direct reflection of HM2

Montenegro's character. "He continually excels in every task he's assigned," said his supervisor, Lieutenant Junior Grade Mark Stevenson, MSC, "and he can be depended upon to complete the tasks in an extremely efficient and effective manner."

LTJG Stevenson, who is head of the Outpatient Administration Division, explained that HM2 Montenegro "oversees the 1200-plus health records for staff personnel assigned to this command." Adding that with the help of the 10 enlisted and six civilians he supervises, HM2 Montenegro "is responsible for keeping these records up to date to meet the regulations governing the administration of the records."

Bravo Zulu HM2 Montenegro for a job well done.

March Awards for BMC Treasure Island Certificate of Commendation

HM2 Samuel Baluis

Letter of Appreciation

HM2 Gaeth Lovato
ET3 Ellen Danes

Letter of Commendation

HM2 Gregory Elie

Good Conduct Medal

HM2 Clyde Alspaugh
HM2 Kimberley Brodt
HM2 Victor Dumancas
HM3 Carlos Broncano
HM3 Donald Tanner

Naval Achievement Medal

HM2 Samuel Baluis

USNS Mercy (T-AH 19) reunion

The USNS Mercy (T-AH 19) officer in charge, Medical Treatment Facility, cordially invites all personnel and their families who were part of the ship's company during Operations Desert Shield/Storm and the 1987 Humanitarian Deployment for an onboard reunion April 25. The day's events will commence at 10 a.m. and end at approximately 4 p.m. Those individuals who plan to attend should RSVP by mail to:



Officer in Charge,
Attn: LT M.A. Anaya,
Medical Treatment Facility,
USNS Mercy (T-AH 19),
FPO AP 96672-4090.

They can also RSVP by telephone, commercial (510) 302-3718, Autovon 672-3718 or fax (510) 302-3723.

Many fund-raising events will take place in the near future. If you would like to volunteer to assist, please contact LCDR Carol Bohn, NC, at (510) 633-5965 — Naval Hospital Oakland's Quality Improvement Coordinator.

Red Rover

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Captain Noel A. Hyde

Public Affairs Officer, Acting

JO1 Kay Lorentz

Editor

Andree Marechal-Workman

Editorial Assistants/Layout and Design

JO2 Stephen R. Brown
JOSN Kyna S. McKimson

Naval Hospital Oakland Announces

a new improved Patient Appointment System.

Call (510) 633-6000

to schedule and cancel all clinic appointments Monday through Friday from 8 a.m. to 4:30 p.m.

No more busy signals!!!!
Speak directly with an appointment clerk.

Breast cancer is no longer a death sentence

By Carol Rees, RN
Patient Advocate,
NAVCARE Clinic

Breast cancer is real and does occur even in young women in their 20s; however, with early detection and treatment, it no longer means a death sentence. With early detection, 91 percent of diagnosed women now live beyond five years after treatment. Mammograms are well publicized in literature and the media as a method of detection. They are recommended as a baseline for women between the ages of 35 and 39; every one to two years for women 40-45 and yearly for women over 50. They are not recommended for women under 35 because their breast tissue is very dense, making it very difficult to detect abnormalities.

Breast exam is another recommended method of detection, and a woman of any age should become intimately familiar with her own breasts. Breast cancer starts as tiny lumps that may be missed with superficial infrequent palpations of the breasts. But, since young women are subject to breast cancer, they should practice self-exams regularly so as to detect lumps before they become too large, thus increasing their risk

Breast Self-Examination (BSE)

Here is one way to do BSE:

1 Stand before a mirror. Check both breasts for anything unusual. Look for a discharge from the nipples, puckering, dimpling, or scaling of the skin.

The next two steps are done to check for any change in the shape or contour of your breasts. As you do them, you should be able to feel your chest muscles tighten.

2 Watching closely in the mirror, clasp your hands behind your head and press your hands forward.



3 Next, press your hands firmly on your hips and bow slightly toward the mirror as you pull your shoulders and elbows forward.

Some women do the next part of the exam in the shower. Your fingers will glide easily over soapy skin, so you can concentrate on feeling for changes inside the breast.



4 Raise your left arm. Use three or four fingers of your right hand to feel your left breast firmly, carefully, and thoroughly. Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast. Gradually work toward the nipple. Be sure to cover the whole breast. Pay special attention to the area between the breast and the underarm, including the underarm area itself. Feel for any unusual lump or mass under the skin.



5 Gently squeeze the nipple and look for a discharge. (If you have any discharge during the month—whether or not it is during BSE—see your doctor.) Repeat the exam on your right breast.



6 Steps 4 and 5 should be repeated lying down. Lie flat on your back, with your left arm over your head and a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to check it. Use the same circular motion described above. Repeat on your right breast.



Department of Health and Human Services

the menstrual period. Any lump that remains the rest of the month should be examined by a physician. After the examination, the physician may often diagnose the lump as fibrocystic disease and recommend reexamination several months later to detect changes in the lump.

WHAT IF MY DOCTOR WANTS TO DO A BIOPSY?

Biopsies are performed when the physician questions the diagnosis of the lump. Biopsies can be as minor as an aspiration through a needle inserted into the lump, or as major as a surgical removal of the lump under anesthesia. Afterward, the material is thoroughly examined by a pathologist to determine a diagnosis. Frequently, the lump is a cyst or a benign tumor with no cancer diagnosis.

WHAT IS THE FRONTLINE OF DEFENSE AGAINST BREAST CANCER?

A careful monthly self-examination of each breast can save your life. If you have any questions, call the NAVCARE Clinic at 510/ 632-5514, ext. 7. Its personnel can direct you to a class on lump detection or give you some literature on the subject. You can also call me personally at the same number.

NAVCARE is the primary care clinic for the military, active-duty and retired and their dependents. It is located at 8450 Edes Ave., Oakland, CA, at the Hegenberger/Coliseum exit off Highway 880, next to the Holiday Inn.

such as family history and obesity (defined by weight 40% above normal body weight for height) can cause predisposition for the disease. Women who delay having children until after 30, or who choose not to have children, also increase their chance of breast cancer.

WHAT IS FIBROCYSTIC DISEASE?

Young women may detect lumps that, upon exam by a physician, are diagnosed as fibrocystic disease — a disease found during and related to the reproductive years and the hormonal changes that occur during these years. This may be experienced as lumpy, painful breasts occurring shortly before

subject. The most informative and effective way to learn is to attend a class given by your local clinic or the American Cancer Society.

NAVCARE is offering classes in which a film, by the American Cancer Society, is shown along with demonstration and instruction using a realistic breast model. There are several types of lumps in the breast model that the examiner's fingers will recognize. It is recommended that every women perform a self breast exam once a month, using the recommended technique.

WHO IS AT THE HIGHEST RISK?

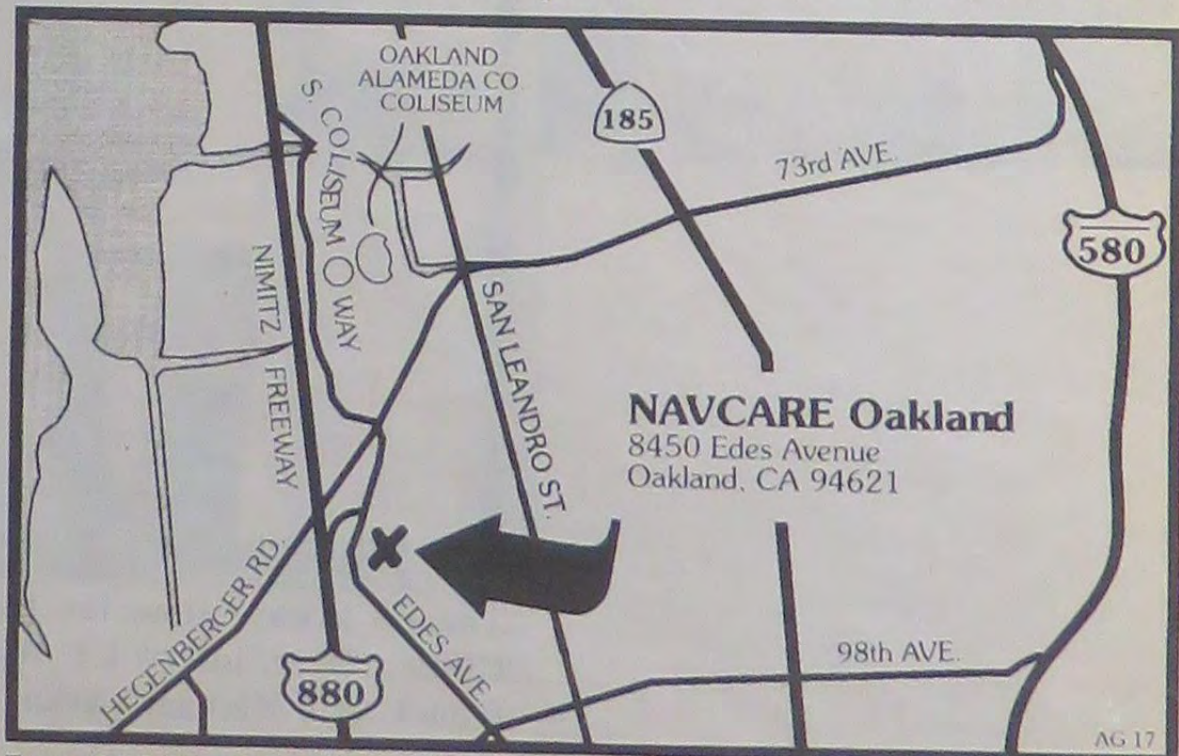
Although every woman is subject to breast cancer, factors

NAVCARE clinic provides walk-in medical care

NAVCARE walk-in clinics are a new approach that provide military beneficiaries primary health care 365 days a year from 7 a.m. to 8 p.m. weekdays, and from 7 a.m. to 4 p.m. weekends and holidays. No appointments are necessary. However, for those that prefer to receive care on an appointment basis, NAVCARE opened a Women's Clinic. The clinic is held on Mondays and Thursdays from 12:30 to 7 p.m. In addition, a Well Child Clinic for children two weeks old through twelve years is held on Wednesdays from 12 to 6 p.m. All military beneficiaries,

including family members, entitled to care at military treatment facilities an enrolled in DEERS are eligible for care. Basic laboratory and radiology services are provided on site. Licensed and credentialed physicians and staff provide

medical care. The NAVCARE Clinic is located near the Oakland Coliseum Complex at 8450 Edes Avenue, Oakland. For Primary Care call (510) 632-5514; Infoline (510) 632-7286; and mammography information (510) 632-7521.



From 880 Southbound-Take Hegenberger/Coliseum Exit. Take Hegenberger to Edes. From 880 Northbound-Take Hegenberger Exit to Edes. Turn right on Edes.

Health affairs budget increased

By Evelyn D. Harris
American Forces
Information Service

The president's fiscal 1993 Department of Defense (DoD) budget includes a \$400 million increase for health affairs compared to last year.

The budget request must be approved by Congress and is subject to change during the legislative process.

The budget request funds the unified Defense Health Program, which went into effect Oct. 1, 1991. The program unifies the armed services' medical program and budget under the Assistant Secretary of Defense for Health Affairs.

Most of the request — \$8.9 billion — will fund operation and maintenance of existing facilities as well as the cost of CHAMPUS, the military health insurance program. The requested budget for the Civilian Health and Medical Plan of the Uniformed Services will increase to \$3.9 billion from fiscal 1992's \$3.7 billion. The

budget takes into account expected force reductions.

Health affairs officials said DoD will carefully evaluate the more costly CHAMPUS workload. They would like to shift some workload back to military treatment facilities, which are usually less expensive.

The budget reflects implementation of DoD's coordinated-care program, a managed-care program that promises to make quality health care more available to military people and their dependents while controlling taxpayers' costs. Program features include lower co-payment deductibles for beneficiaries who use the doctors and medical facilities on their local preferred-provider lists.

The budget request also includes \$300 million for procurement, including the composite health care system, which will automate many functions in military hospitals. DoD is also asking for \$300 million to fund research and development, including biomedical research.

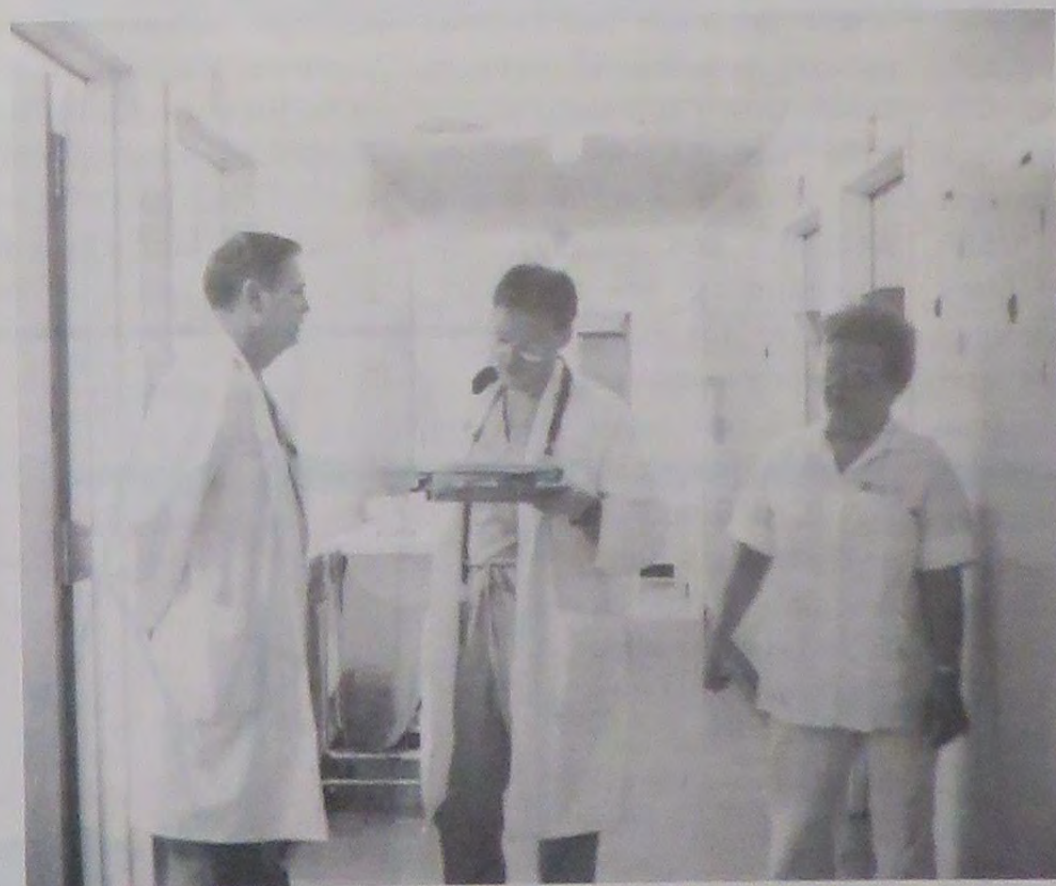
Medical Corps celebrates 121 years of history



Staff pediatric orthopaedist, LCDR Al Gilpin, places a call between surgeries from his office decorated by the artwork of his young patients. (Official U.S. Navy photo)



CAPT Paul Daugherty, USA, a third-year resident at NHO's Department of Orthopaedic Surgery, takes a rest from his busy schedule. (Official U.S. Navy photo)



There's always time for training in NHO's Surgery Clinic. Here, intern LT William Jawien seeks advice from CAPT Michael Vuska. (Official U.S. Navy photo)

Continued from page 1

the agenda was developed by CAPT Bartlett and CDR Stephen Smith, MC, a trauma surgeon who helps with residency training at NHO. Both served for seven months aboard USNS Mercy during Desert Shield/Storm.

"We are also offering this service to reservists and surgeons serving on carriers," added CAPT Bartlett, "to keep their knowledge updated and current in critical care medicine, critical care surgery and trauma...while, at the same time, helping the community."

All this is not to say that past MC achievements and dedication to duty have to be dismissed lightly. MC officers have faithfully supported the fleet and troops throughout the U.S. Navy's 216 year history. But, as the world changes so do its values and systems, and the Medical Corps is no exception.

"Desert Storm made us sit back and realize that there are a lot of contingency plans that need to be reviewed on an ongoing basis," said CAPT Alexander, stressing that, as a result of lessons learned during the recent conflict, Navy Medicine is updating its equipment, its practices and its training programs.

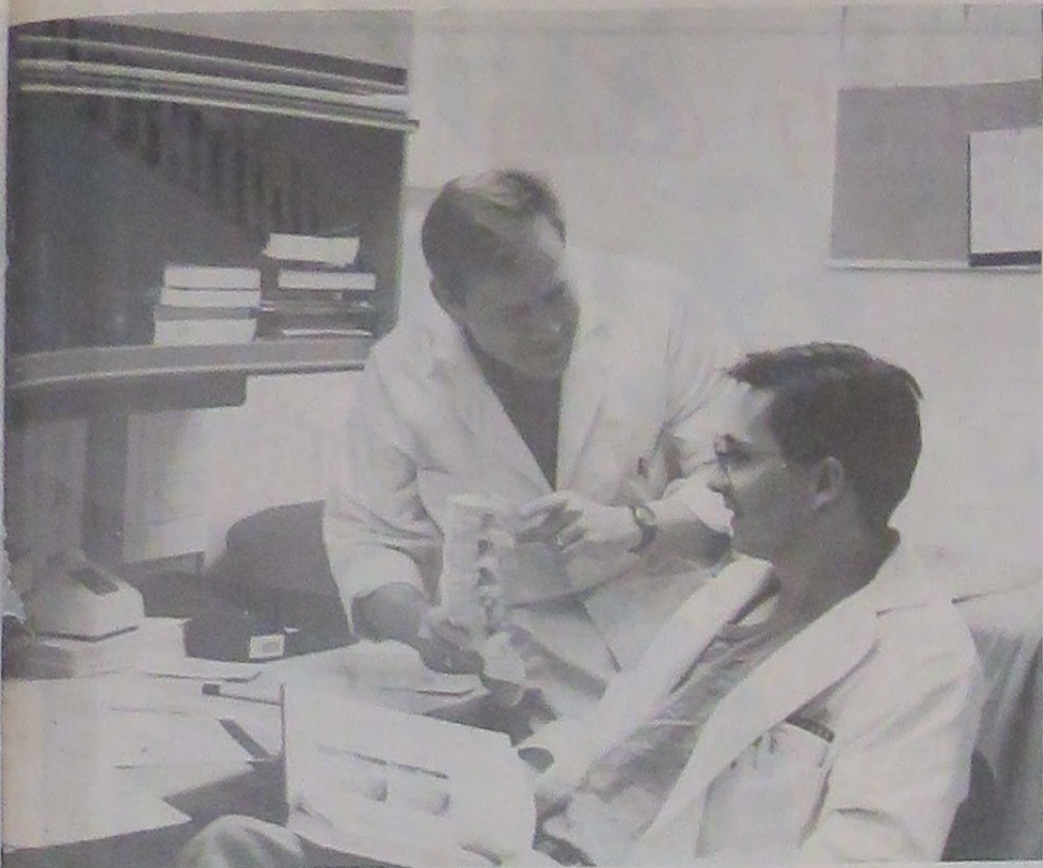
He also said that Desert Storm helped to release some of the tension sparked by the Vietnam experience. "I've always been proud of my 22-year career as an MC officer," he said emphatically. "But Desert Storm washed out a lot of the heartaches people had about Vietnam, and now I don't have to worry about wearing my uniform in public. It stands out in a crowd."

(Editor's Note: The statistics on today's size of the Medical Corps were supplied by LT Robert Newell, deputy public affairs officer at BUMED)



Dr. Corbett, a Surgery Clinic, U.S. Navy photo

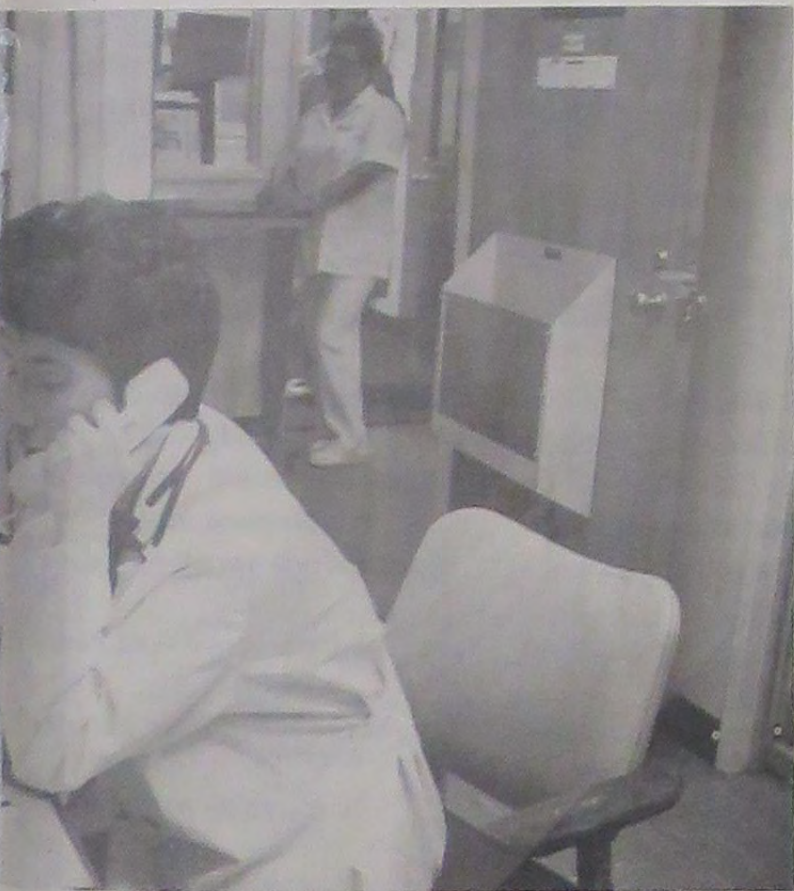
MC: Charlie Golf One



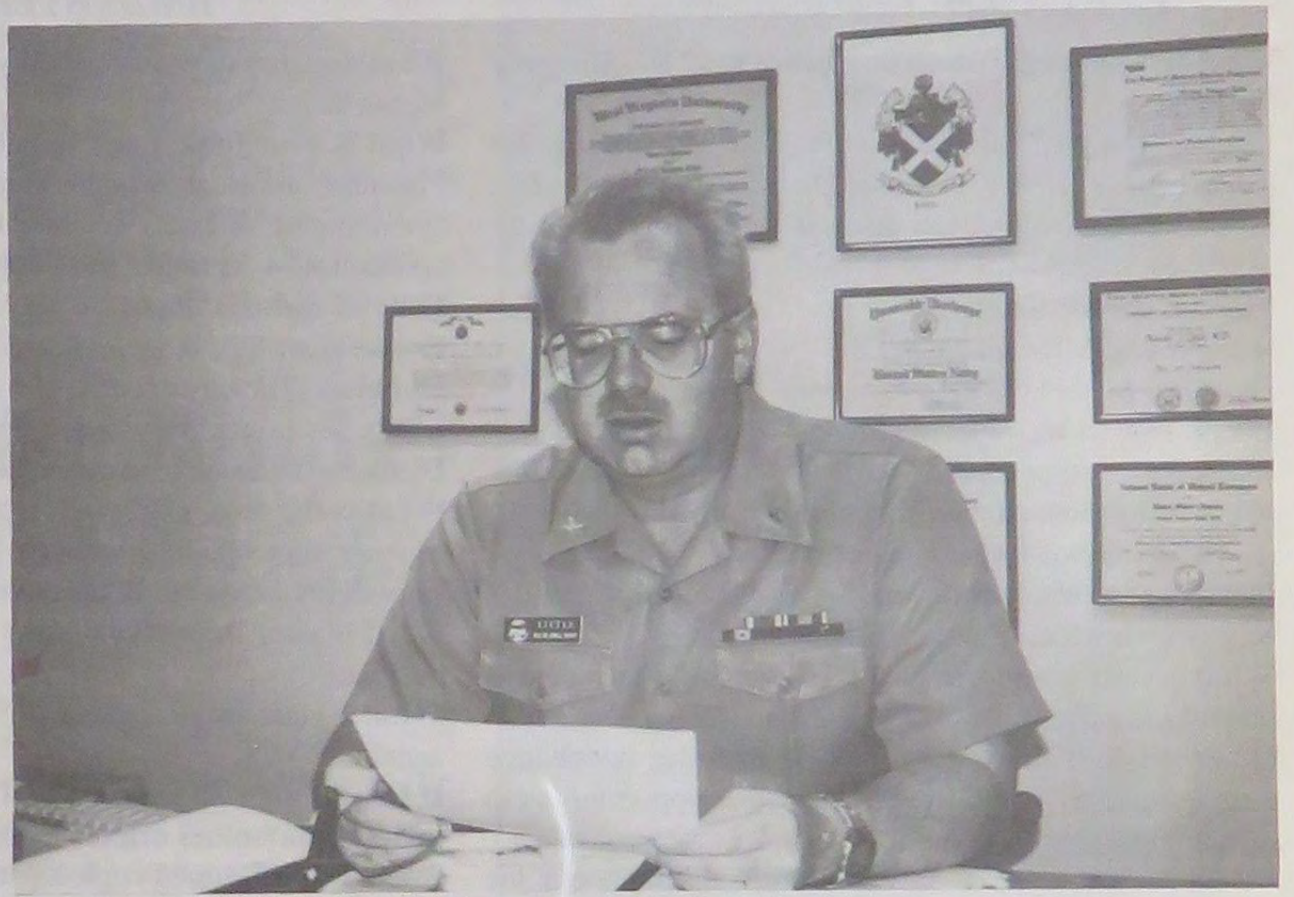
First-year residents in NHO's Department of Orthopaedic Surgery, LTs Daniel Tvedten and Jonathan Main, are seen studying the human spine. (Official U.S. Navy photo)



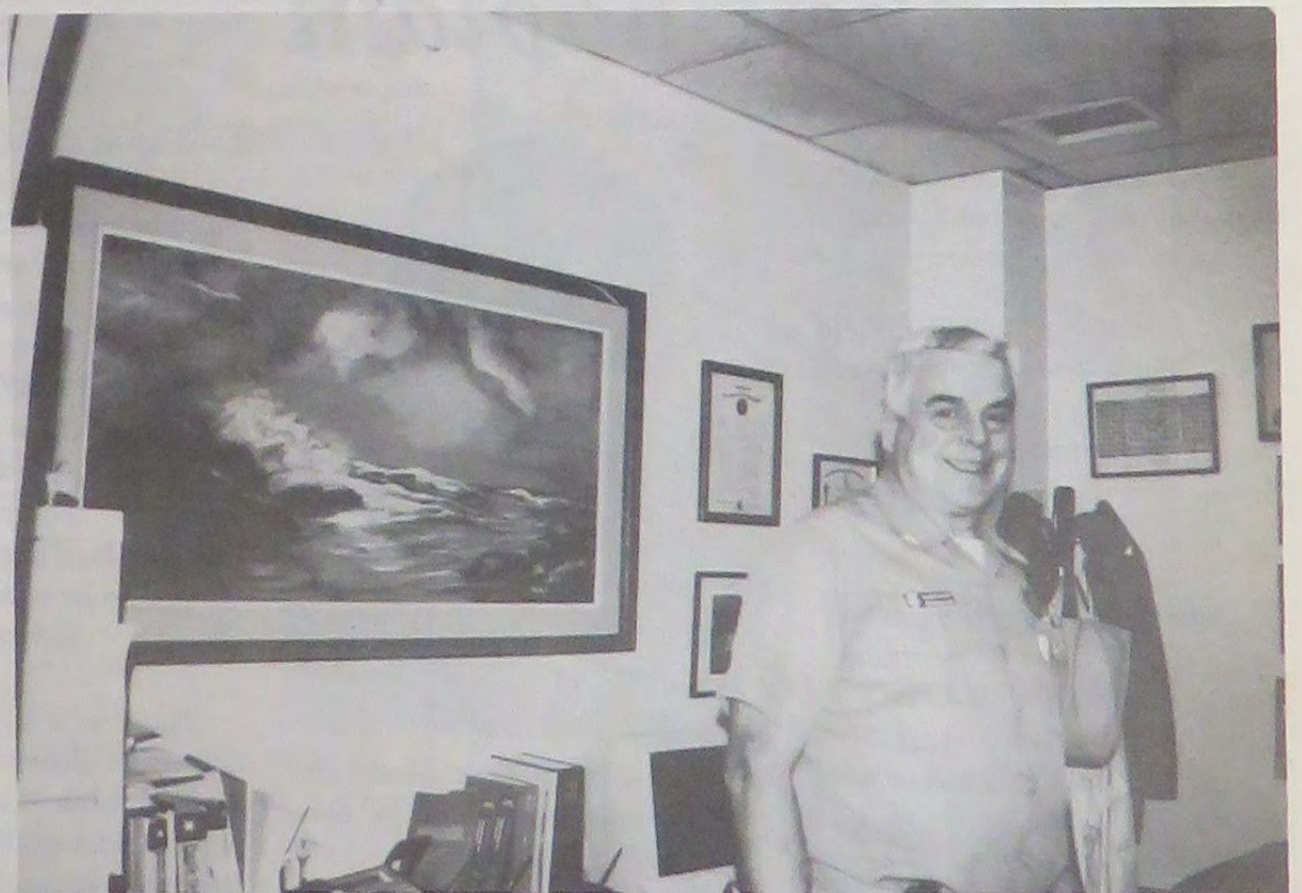
(From right) The head of the Blue surgery team, CAPT Michael Vuska, checks a chart held by registered nurse enterostomal therapist, Marian Sandell, while staff surgeon, CDR Paul Bostrom, looks on. (Official U.S. Navy photo)



East Bay resident currently training in NHO's patient with information by phone. (Official



CAPT Michael J. Little (above), director of Medical Services, and CAPT J. Bartlett (below), director for Surgical Services, talk about the future of Navy Medicine. (Official U.S. Navy photo)



Naval Hospital Oakland Up Close



LTJG Nancy L. Franze, MSC

What division/department do you work in? Mobilization/Planning

What is your job? Mobilization/Planning Officer, Disaster Preparedness Officer, National Disaster Medical System Federal Coordinator, and Assistant Command Security Manager

Marital status: Single

Hometown: Milwaukee, WI

Hobbies: School

Likes: Honest and sincere people.

Dislikes: Incompetence

What is the most challenging part of your job? Keeping the command readiness mindset up.

What is your immediate goal? To complete the master's program in which I'm currently enrolled.

What is your long-term goal? To open my own business when I retire from the Navy in seven years.

If I could do it all over again, I'd? Probably not change a thing-the Navy has afforded me many opportunities to meet all my short-term goals.

I wish I could stop: Some of the politics that prevent me from doing my job.

I respect myself for: My accomplishments and hard work.

Role Models/Heroes: ADM Hooper, my mother and Susan Wheeler.

Special Comments: I'm dedicated to ensuring the command stays ready to serve the fleet and the nation.



HM2(SW) Eric Ilse

What division/department do you work in? Mobilization Planning

What is your job? Leading petty officer of Mobilization/Planning, assistant Mobile Medical Augmentation Team Coordinator, Medical Personnel Unit Augmentation System assistant, C-4 Assistant and Supply Petty Officer.

Marital status: Single

Hometown: Los Angeles, CA

Hobbies: Travel, concerts, and movies.

Likes: Evenings with someone special.

Dislikes: Insensitive people and dishonesty.

What is the most challenging part of your job?

Making sure all deployments, TADs, taskings etc. are a smooth transition for all personnel assigned.

What is your immediate goal? Completing my degree in business.

What is your long-term goal? Starting my own advertising agency.

If I could do it all over again, I'd? Make better use of the travel opportunities offered by the Navy.

I wish I could stop: People's perception that our department chooses people for deployment.

I respect myself for: Being honest with myself and respectful of other people.

Role Models/Heroes: My stepmother and sister.



HN James A. Ruiz

What division/department do you work in? Mobilization Planning

What is your job? Answer phones, check in new personnel to this command and update status files.

Marital status: Married to Sharon Marie Ruiz.

Hometown: Chicago, IL

Hobbies: Softball and playing guitar.

Likes: Positive hard-working shipmates.

Dislikes: Negative lazy shipmates.

What is the most challenging part of your job?

Dealing with phone calls concerning augmentation status and deployments. Moving out of the hospital building which makes dealing with people more difficult.

What is your immediate goal? Pass HM3 exam and get accepted for Respiratory Therapy "C" school.

What is your long-term goal? Become a respiratory therapist.

If I could do it all over again, I'd? Join the Navy at an earlier age.

I wish I could stop: War. Nobody wins, but unfortunately sometimes war has to happen.

I respect myself for: Joining the Navy at the age I did, serving my country and, also for my recent marriage to a great lady.

Role Models/Heroes: My dad, I worship this great man.

From the Chaplain

By Captain Herman Kibble
Director of Pastoral Care

When I was a teenager in the 1940's there was a popular song whose tune I can remember well but the lyrics remain unclear. However, (with apologies to the author) they rhyme like this:

*You heard the shuffling of his feet
As he came walking down the street,
The little man who lived so long ago.
He speaks to everyone he meets
As he progresses down the street
This happy man who gives the night its glow.
He made the night a little brighter
Wherever he would go,
The old lamplighter of long, long ago.*

We take our electric lights for granted, but there was a time, a couple of centuries ago, when little towns and villages had street lamps that burned brightly by means of whale oil. Before modern days of automation, these street lamps



required a lamplighter whose task was to ignite each lamp by hand every evening at sundown.

I suggest to you that, down through the centuries even before the old lamplighters, ancient primitive people observing the stars as they appeared after sundown, reasoned that there must be an original designer for nature's magnificent designs, a cause for every effect surrounding us.

The ancient psalmist in his Nineteenth Psalm described the stars of the heavens as evidence of the existence of a supreme designer whose apparent wisdom and power merit human recognition and praise.

A few centuries after the

psalmist, the Hebrew Prophet Isaiah came to the same conclusion by observing the stars:

*Look up at the sky ! who created the stars you see?
The one who leads them out like an army,
He knows how many there are and calls each one by name!
His power is so great that not one of them is missing!
Israel, why then do you complain
that the lord doesn't know your troubles or care if you suffer injustice?*

Those who trust in the lord for help will find their strength renewed.

This same Isaiah referred to people who walked in darkness (living in darkness) having light shine on them. The Eternal Lamplighter's method of defeating darkness, whether physical or spiritual, is by introducing light. The creation story recorded in Genesis illustrated this point: "In the beginning when God created the universe, the raging ocean that covered everything was engulfed in total darkness. Then God commanded 'let there be light' and light appeared."

Biblical personalities in their darkest experiences, living in spiritual darkness when everything

for them looked hopeless, discovered the light of God illuminating their lives and pointing a way for them out of their gloom and despair.

(1) Jacob, a fugitive from his own home burdened by guilt of his own making, found God, the Eternal Lamplighter, who brought hope into his life by means of a ladder filled with bright shining angels connecting him with the throne of God.

(2) Moses was another guilty fugitive from Egypt because he had killed an Egyptian. The Eternal Lamplighter used a burning bush to light Moses' way.

(3) With Israel wandering in the desert, it was a pillar of fire by night to light their way.

(4) King David, the repentant psalmist, sang about the Lord as his light and salvation.

(5) An Angel of Light led Peter out of prison one night.

(6) A light brighter than the sun at noonday helps convert Saul of Tarsus into God's Apostle Paul.

A poet named Grace Crowell wrote:

*If but one message I would leave behind,
one word of courage for my kind,
it would be this o brother,*

*sister, friend
whatever life may bring or God may send,
no matter whether clouds lift soon or late,
take heart and wait.*

*Despair may tangle darkly at your feet,
and faith grow dim, and hope once light and sweet be gone. But suddenly upon a heavenly hill a lamp is set upon (God's) windowsill!
To shine for you and point the way to go.
How well I know?*

*For I have often waited in the dark
and I have seen a star rise in the blackest night repeatedly, it hasn't failed me yet.
And I have learned God never will forget
to light the lamp, if we but wait for it,
it will be lit.*

You see, that seems to be the way God operates. That is the standard operating procedure of the Eternal Lamplighter, whose written "word is a lamp to our path" PS 199:105 (All Bible references are from Today's English Version).

Sports News



Team Standings

NHO Intramural Volleyball Match Standings
(As of Feb. 06)

	WINS	LOSSES	PCT
MED REPAIR	8	0	1.000
PHARMACY	6	2	.750
PT/OT	4	4	.500
PT ADMIN	2	6	.250

NHO Intramural Basketball Game Standings
(As of Feb. 12)

	WINS	LOSSES	PCT
TOP COPS	6	3	.667
DENTAL	5	3	.591
PHARMACY	5	3	.571
LAB	4	5	.444

Sports just around the corner.....

Campaign launched to raise funds for California Veterans Memorial

SACRAMENTO, CA — The California Veterans Memorial Commission has launched a campaign to raise funds for the construction of a memorial to honor all Californians who have served in the nation's armed forces.

By California law, the California Veterans Memorial Project is now underway. The California Veterans Memorial Commission was appointed by the governor and the legislature to spearhead the campaign to raise the necessary funds to build the historic monument.

An important element of the campaign is a tax check-off program. In October 1991, the State Legislature passed SB1029, a bill that gives California taxpayers the

opportunity to contribute to the fund through the convenience of their state tax return. The memorial will be designed, constructed and maintained entirely by private-sector contributions.

Taxpayers who receive a refund may direct that a portion of their refund be transmitted to the memorial fund. Those who must make an additional tax payment may add a designated amount to that payment. The tax check-off campaign line is contained in the Voluntary Contribution section of the California State Tax Return as the Veteran Memorial Account.

"Our aim is to inspire a sense of patriotism and respect among the Memorial's visitors—veterans, non-veterans and, especially, school

children," explained Gina McGuiness, chairperson of the California Veterans Memorial Commission. "We hope the monument will lead to enhanced understanding and appreciation of veterans' contributions to all of us."

The Commission will sponsor a design contest for the memorial. Designs will be judged on artistic excellence, effectiveness of design as a monument and feasibility of production.

Point of contact for further information is John Kroeger, Veterans Memorial Commission director. He can be reached by phone at 916/653-1863, or by letter at the Veterans Memorial Commission, 12270 O Street, Room 410, Sacramento, CA, 95814.

Men's/Women's CPSC Bowling Championships Mar. 23-25 at NAS Moffett Field.

CPSC Men's Open Division Racquetball Championships at Mare Island Naval Shipyard (Vallejo, CA) Mar. 26-29.

CPSC Men's Senior and Women's Racquetball Championships at NAS Alameda Mar. 27-29.

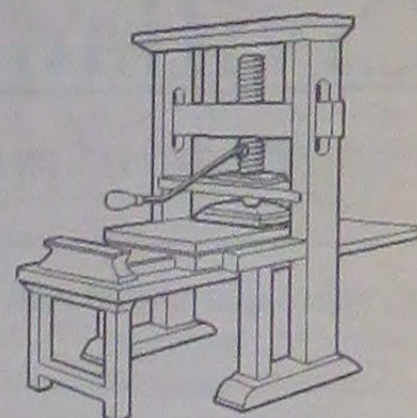
CPSC Men's and Women's Track and Field Championships at Vallejo High School on Apr. 4 at noon.

*** Contact Mr. Ron Brown for any information at 633-6450 on any of the above events.

Water Exercise Classes are available at the swimming pool for all interested personnel, Monday through Thursday, 5-6 p.m. Morale, Welfare, and Recreation also wants to start up water sport activities at the swimming pool, again. Point of contact for more information is Al White at 633-5561.

A mandatory meeting for softball managers has been scheduled for Wednesday, Mar. 18 at 11:30 at Recreational Services, Bldg. #38 (2nd floor). This meeting is for all teams expecting to participate in the 1992 Softball Season at Naval Hospital Oakland. A team representative is required to attend this meeting. Point of contact is Mr. Ron Brown at 633-6450.

Oak Knoll Briefs



Choir Rehearsal Choir rehearsal is now being held on Tuesday's and Thursday's at 11 a.m. All personnel (civilian/military) interested in joining our fabulous NHO choir should contact is Chaplain Kennedy at 633-5564.

Hypertension Class The NHO Patient Education Department will hold a hypertension class on Mar. 18 from 2-4:30 p.m. in room 3612 on the 3rd floor. Topics will also include complications of hypertension, diet, exercise and stress management. A physician will be available to answer questions. Staff and walk-ins are welcome. Point of contact is Aggie Freeman, RN, at 633-5454.

Adult Asthma Class The NHO Patient Education Department will hold an adult asthma class on Mar. 20, 1-3:30 p.m. in room 3612 on the 3rd floor. Topics will also cover related illnesses such as bronchitis. Staff and walk-ins are welcome. Point of contact is Aggie Freeman, RN, at 633-5454.

Moulage Training Course In preparation for the upcoming April Disaster Drill (BayMed 92) volunteers are needed for a moulage training course to be held on Apr. 2 at Letterman Army Medical Center. Interested personnel should submit a request chit through their department and forward it to HM2 Golden at the Mobilization/Planning office Bldg. 73-B.

Tobacco Facts "A custom loathsome to the Eye, hateful to the Nose, harmful to the Brains, dangerous to the Lungs, and in the bleak stinking fuse thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless." King James I of England, 1604.

Medical Terminology A course in medical terminology will be offered on site at Naval Hospital Oakland every Monday and Thursday, from 4-6 p.m., Mar. 16 through May 14. It is an excellent course for employees new to the medical field (clerk-typist, medical clerk, secretaries). Two units of college credit will be received by those who complete the course. Nominations must be made on the announcement form which is available in your department, or from Sydney Santos in the Civilian Personnel Division at 633-6374.

All Hands Training On Mar. 26, from 1 to 3 p.m., this command's personnel will participate in a practice session of the Naval Hospital Oakland Disaster Plan. This will include set-up and training for all Disaster Response Sites. All hands are reminded to review and update their standard operating procedures prior to the practice session. Point of contact is HM2 Golden at 633-6057.

Continuity Of Care Fair A Continuity of Care Fair is scheduled March 25, 8 a.m. to noon in Naval Hospital Oakland's Blood Donor Room, on the fifth floor of Building 500.

Sponsored by NHO's Social Work Department and the Continuity of Care Coordinator, the event will present the most advanced resources for post-acute medical care. All health care providers, patients and family members are invited. Point of contact for further information is the Social Work Department at 510/633-5380.

Are You Expecting A Tax Return This Year?

SeaWest Federal Credit Union introduces Electronic Income Tax Filing. When you file your 1991, federal tax return electronically at SeaWest, your refund is automatically deposited into your SeaWest account in just two to three weeks! If you would like your refund sooner, apply for a Rapid Anticipation Loan. You can have the cash in your hands in three working days! If you are not a member, you can still electronically file your return at Sea West. If you would like more details, drop by the credit union or call (510) 568-4100.

Electric heater may be a shock hazard

A relatively small number of the Model 770 heaters, identified by NSN 4520-00-555-8696, manufactured by Rival Manufacturing Company of Kansas City, MO, contain a workmanship defect. The defect consists of a loose wire termination that may develop into a shock hazard.

The problem heaters have been identified as those manufactured on Jan. 15 and 16, 1990, under GSA Contract No. GS-07F-17496 or GS-07F-19711. Date of manufacture is on the manufacturer's label affixed to the bottom of the heater.

The information on the label can be decoded as follows: The "Control Number" section contains model number, year of manufacture and plant location. The number at the left is the model number (770) while the number at the right is a combination of the year of manufacture (1990) and the plant location (04).

The "Serial Number" section contains month (01) and date (15) of manufacture. For example:

Control Number
770-004

Serial Number
01 15

This heater is Model 770, manufactured on Jan. 15, 1990, at plant location "04".

Government activities should examine inventories for these heaters and those found to have been manufactured on Jan. 15 and 16, 1990, should immediately be removed from service and reported to GSA at the following address using Standard Form 368:

GSA/FSS/7FQC

819 Taylor Street, Room 6A07
Ft Worth, TX 76102

Attn. Beth Whitaker

Telephone: FTS 334-3661 or COM (817) 334-3661

Please include the following information on the SF 368: manufacture's name, NSN, model number, and date of manufacture. Heaters found in inventory should be reported to GSA by March 27, 1992.

Civilian news

Federal managers jump start budget cutting measures

By Andree Marechal-Workman

Taxing the part the U.S. government pays for federal employees' health benefits; taxing both annual and sick leaves carried over in January — these are but two of the budget-cutting measures the president of the United States and other government officials are studying at the present time, said Ira Brown, Zone 8 president of the Federal Managers Association (FMA).

"Of course, these [measures] must be approved by Congress and we will raise hell when we go to the hill," he said of the Association's advocacy group, when he spoke at the February Naval Hospital Oakland's (NHO) FMA Chapter 238 meeting. "I am telling you this because I want you to get a feel for what we, federal managers, have to do...and what you [Chapter 238] need to do."

Bertha Paul, Chapter 238 president, seconded the motion, as did its vice president, Herb Queller, of NHO's Biomed Communication Division. "There are so many changes going on within the federal system," Paul said "that we,

civilians, must protect ourselves. FMA lobbies for us in Congress, and we must fight those proposals before they become law."

All of which translates into: "Federal employees, don't hesitate. Join the one organization that can make a difference for you."

Open to all federal managers and supervisors, this oldest and largest civilian professional management organization is now accessible to employees whose job qualification is not strictly managerial; for example, a secretary who holds an administrative position; an employee who oversees a system or a program at the hospital or its tenant commands.

The stipulation that bars employees whose positions are part of a bargaining unit from joining still holds, but there are ways around that, added Paul, who is utilization review coordinator in the hospital's Quality Assessment Department.

"If [the Union-represented employees] avail themselves of the several dental plans offered by FMA, they can become associate members," she said. She explained that there are different dental plans available, and that interested individuals can get more information

on those plans by calling her at 633-5510.

In addition to the dental plan, a quarterly \$17 (\$68 annually) membership fee affords preferred automobile insurance available through Government Employees Insurance Co; professional liability insurance and a convenient credit card program. Members and associate members can also attend professional development programs at reduced rates, as well as receive the three publications published by FMA, "The Washington Report" (weekly), "The Federal Manager" (monthly) and "The Federal Managers Quarterly".

Interested prospective members and associate members are encouraged to attend Chapter 238's informative meetings that feature significant military and civilian speakers. The meetings are held on the third Thursday of each month, from 11:30 a.m. to 1 p.m.

(Editor's Note: Employees whose duties do not allow attendance to the monthly meeting are advised to call Bertha Paul or Chapter 238's secretary, Andra Zamacona. They will find a way to relay pertinent information to members or prospective members)

Nutrition..... Continued from page 1

as well as folic acid.

The meat, fish and poultry group is a major source of iron, zinc, B complex vitamins and proteins.

An excellent source of the calcium necessary for strong bones, the dairy food group is a good source of protein and riboflavin.

An essential part of good nutrition, fat supplies essential fatty acids and functions as an energy source; however, a properly balanced diet should include no more

than 30 percent of its calories from fat. This can be achieved by reducing the overall fat intake, choosing lower fat food items and using low fat cooking techniques. This month, look for the Heart Healthy lunch recommendations while you're in the hospital dining facility and see how your choices compare.

Special mini-classes with a different weekly topic will be held every Friday in March, in room 3612 across from the Clinical Assembly

room. General nutrition, weight loss, sodium and cholesterol are among the topics that will be discussed.

All are invited to attend the classes and to ask as many questions as necessary. Handouts will be available in the dining room for those who cannot attend and who want more information. Questions can also be placed in the Ask a Dietician box located in the dining room, and the answers will be posted.

From the mind of Stephen King comes "The Lawnmower Man", a tale of computer technology gone awry. Jobe Smith (Jeff Fahey), the gardener of a small-town church, is a full-grown man with the intelligence of a six-year-old. When Dr. Lawrence Angelo (Pierce Brosnan) uses the results of his top secret experiments in computer virtual reality to accelerate Jobe's intelligence, the results are better than anyone could have imagined. That is until The Shop, the sinister organization that is bankrolling Dr. Angelo's experiments, interferes—perverting Dr. Angelo's benevolent intentions and giving Jobe powerful psychotic mental powers. As the tension builds, world destruction is but a telephone call away.

Utilizing state-of-the-art technology, "The Lawnmower Man" presents a chilling vision of how research into computer virtual reality

The Lawnmower Man



"Cyber-Jobe" (Jeff Fahey, pictured) threatens to use Virtual Reality technology for a sinister plan in the New Line Cinema's science-fiction thriller, "The Lawnmower Man."

could be used for evil purposes.

The film is directed by Brett Leonard and co-produced by Gimel Everett. This husband-and-wife team co-wrote the screenplay, based on a short story by Stephen King from his anthology,

"Nightshift". Executive producers are Edward Simons, Steve Lane, Clive Turner and Robert Pringle.

"The Lawnmower Man" is rated R and runs 108 minutes.

Civilian Personnel vacancy listing as of March 9

This is the list of current and open continuous vacancies which is serviced by Civilian Personnel Department at Naval Hospital Oakland. Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled, certain Vietnam Era and disabled veterans, may apply for these announcements.

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or autovon 828-6372, Monday through Friday, 8 a.m. - 4 p.m., or visiting the Civilian Personnel Office. Filling of these positions may be delayed due to the DoD hiring freeze.

Position	Location	Closing Date
Secretary (TYP) GS-318-4/5	Various	OC
Clerk-Typist GS-332-3/4	Various	OC
Secretary (TYP) GS-318-04	Various	OC
File Clerk GS-305-3/4	Various	OC
Medical Clerk GS-679/3-4	Various	OC
Fire Protection Inspector GS-081-05	Fire Department	OC
Clerk-Typist GS-322-3/4	Navy Drug Screening Lab	OC
Physical Science Technician GS-1311-4/5/6	Navy Drug Screening Lab	OC
Social Worker GS-185-11	NHO, BMC T.I. and Alameda	OUF
Housekeeping Aide WG-3566-01 (P/T-TEMP)	Operations Management	OUF
Physicians Assistant GS-603-11	Internal Medicine	OUF
Community Health Nurse GS-610-11	Social Work Department	OUF
Medical Officer (OccupMed) GS-602-13	Various Locations	OC
Medical Officer (Gen Practice) GS-602-13	Various Locations	OC
Occupational Health Nurse GS-610-9	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC
Chemist GS-1320-5/7	Navy Drug Screening Lab	OC
Vocational Nurse GS-620-5	Various Locations	OC
Computer Assistant GS-335-5/6/7	Information Systems Dept.	OUT
Industrial Hygienist GS-690-7/9/11	Various Locations	OC
Nurse Consultant GS-610-11	Infection Control/Occ Health	OUF
Health Technician GS-640-4/5	Various	OC
Medical Technologist GS-644-7/9	Laboratory Department, Navy Drug Screening Lab	OC
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Note*	OC= Open Continuously OUF=Open until filled	



The Red Rover

The
Navy's
First
Commissioned
Hospital
Ship

Vol. 4 No. 6

Naval Hospital Oakland, California

March 27, 1992

Women's History Month

Sending in WAVES, SPARs and women Marines

By Evelyn D. Harris
American Forces
Information Service

World War II was the crucible in which women proved their worth to the military.

During most of the war, women in the sea services weren't allowed to go overseas or give orders to men. In spite of restrictions, Navy WAVES, Coast Guard SPARs and Women Marines became so important to the war effort, commanders asked the services to send women to help them. The women filled a wide variety of important jobs.

WAVES is an acronym meaning Women Accepted for Voluntary Emergency Service. SPARs came from the Coast Guard motto "Semper Paratus," Latin for always ready.

Irene Wolensky's commander decided she had what it took to become the first woman to attend sonar school. The school's director said he would be delighted to have her. There was just one problem, he said. "There's no women's head." Wolensky solved it by running two blocks to the officer's club to use the ladies' room. This didn't stop the former English major from graduating near the top of her class.

Wolensky, who retired as a captain in 1978, said, "WAVES weren't allowed to go to sea, so I thought the captain was joking when his voice boomed over the loud speaker saying 'WAVES prepare to go to sea.'" Wolensky and two other WAVES boarded a 110-foot patrol craft.

"The other WAVES got sick, but I knew I wouldn't said the veteran. "Of course, I lost it, too. A young sailor told me I'd better eat if I didn't want the dry heaves. The lunch that day was pork chops, and I couldn't bear to think of those, so I said, 'No thanks.' I was having dry heaves when the sailor returned and suggested I eat an apple. I asked him why. He hesitated and then said, 'Ma'am, at least it will taste as good coming up as it did going down.'

"I had several jobs during the war," said Wolensky. "After San Diego, I wrote orders and

arranged transportation for engineers. The ban on women giving orders didn't prevent me from doing my job. Toward the end of the war, I worked as an expeditor for electronic systems equipment."

Wolensky was recalled to service for the Korean War. She supervised a group recruited to develop the Navy's computer programs.

Retired Navy CDR Ruth Erno recalls that when she attended "A" school as a seaman in Norman, Okla., in early 1943, the school's director greeted the arriving students with these words, "Seaman are seaman whether they wear skirts or trousers, and they will be treated as such."

Erno enlisted because she was under 21 and too young to be an officer. She attended boot camp and shared a one-bedroom apartment with 15 other women.

"Of course we had to get up extra early with that many people sharing a bathroom," she recalled. In Norman, she was trained to be an aviation metalsmith, said Erno.

"However, they sent me to a First Naval District headquarters outside Boston and assigned me to communications. My supervisor said I wasn't trained for it, but said it was OK because it was only temporary duty," said Erno. "I ended up staying a year and learning on the job."

After officer's training, she returned to supervise the men who had trained her. "It didn't really create a problem. We worked as a team. However, soon after I became an officer, I did have an embarrassing experience," said Erno. "I had always been very insistent on security - no one would be allowed to operate the vault lock without the proper clearance. We wore long kerchiefs tied in a square knot and used a bank-type vault for a code room. One day, I got both ends of my kerchief caught in the vault door, so there was no way I could work the lock without choking myself.

"None of the other people who were cleared were around, so I had to ask a young seaman to rescue me. He repeated my



LT Elizabeth A. Gilstad, MC

By Andree Marechal-Workman

LT Elizabeth A. Gilstad, MC, is very proud to have graduated from the U.S. Naval Academy in Annapolis, MD, but she likes the esprit de corps at Naval Hospital Oakland, where she is doing a transitional internship—working as senior medical officer in the Primary Care Clinic.

"I am doing a graduate medical officer's (GMO) tour," she said — "conducting staff sick call and doing all of the command's physical exams, as well as overseas, DAPA (Drug Alcohol Program Advisor), Physical Readiness Training

(PRT) and obesity screening."

She said she's also the Quality Assurance coordinator for the Primary Care Clinic and physician supervisor for the Independent Duty Corpsman Program (IDC).

The IDC Program was developed for corpsmen who have served aboard ship, she explained. "They have worked on their own, seeing patients on ships, and at NHO, they see active-duty members under my supervision." Proctoring the IDC Program is her greatest challenge, she said — "fine-tuning the teaching and supervisory skills for a program that is new to the command."

LT Gilstad, a top-knotch member of the Medical Corps,

whose major role she says is to "conserve the fighting strength of the Navy by providing excellent medical care to active-duty members," thereby enabling them to function effectively in their jobs.

"In 10 years, I think the MC will be combined from the three services (Navy, Army, Air Force) in order to consolidate resources and provide the best possible care," said LT Gilstad. "With (Department of Defense) cutbacks, it will be very expensive to continue operating medical centers that provide the same services to a population area. I think tri-service medical commands

See Spotlight page 4

words about his not being cleared. Of course, he did open the door."

The acronym WAVES was dropped in 1944, and Erno continued to serve as a member of the Women's Reserve.

Looking back, some women veteran's say there was discrimination: Women came in at lower ranks than men with equivalent education and experience and were promoted

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April is Cancer Control Month

March Awards for Naval Hospital Oakland

Safety Awards

One year:

Fire Department
Fire Chief Bruce B. Bobbitt

Two years:

Raymond A. Allard

Four years:

Timothy C. Crutcher

Seven years:

Melvin Lipsey

Eleven years:

Rene Courts, Sr.

Nineteen years:

Bruce B. Bobbitt

Length of Service Awards

Ten years:

Sandra A. McKelvy
Regina R. Simmons-Howard

Twenty years:

Gloria J. Grace

Thirty years:

Arturo D. Limongco

Sailor of the Month for February:

HM2 Emmanuel S. Montenegro

Good Conduct Award

First:

SM2 Loren Littleton
HM2 Jeffrey Stone
SK3 Joretha Cloud
HM3 Gary Katayanagi
HM3 Tonya Mitchell
QM3 Deshawn Reid
HM3 Tina Spaulding
ABH3 Derrick White
HN Julie Jones

Second:

HM2 Elmaria Calara
HM2 Arther Ferguson

Third:

HM1 Romeo Mirador
MS1 Donald Sims
MM1 Michael A. Thibadeau

Fourth:

HM2 Daniel Hurst

Navy Achievement Medal

First:

JO2 Stephen Brown
MS2 Rizal Ednalino
MS2 Vincent Tolentino
MS3 Mario Canton

Second:

HM1 John Payne

Navy Commendation Medal

First:

SKCM Richard Spaulding

Kuwait Liberation Medal awarded

The Deputy Secretary of Defense accepted the offer by the government of Saudi Arabia to award the Kuwait Liberation Medal to members of the Armed Forces of the U.S. who participated in Operation Desert Storm between Jan. 17, 1991 and Feb. 28, 1991, in one or more of the following areas: the Persian Gulf; Red Sea; Gulf of Oman; that portion of the Arabian Sea that lies north of 10 degrees north latitude and west of 68 degrees east longitude; the Gulf of Aden; or the total land areas of Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar, and the United Arab Emirates.

To be eligible a service member must have been:

*Attached to or regularly serving for one or more days with an organization participating in ground/shore operations; or

*Attached to or regularly serving for one or more days on board a naval vessel directly supporting military operations; or

*Actually participating as a crew member in one or more aerial flights supporting military operations in areas designated above; or

*Serving on temporary duty for 30 consecutive days during the period of Jan. 17, 1991 to Feb. 28, 1991 under any of the criteria listed above. This time limit may be waived for personnel participating in actual combat operations.

In order of precedence, the KLM will be worn after the Republic of Vietnam Campaign Medal. All eligible personnel must contact the Awards Section in Military Personnel Division no later than Mar. 31, 1992. Point of contact is PNSA Wood or HM1 Gaines at 633-6523.

Alameda Family Service Center offers a variety of programs

The Alameda Family Service Center offers a variety of programs for military personnel and families from Childbirth Education to Stress Management.

Survival Techniques for Busy People

Do you find it overwhelming to juggle family, job/career and play at the same time? On Thursday, April 23, at 6:30 p.m., Survival Techniques for Busy People is a program dedicated to specific methods and techniques to a hassle-free life.

Losing Weight Sensibly Support Group

Do you need a support system of people behind you regarding weight loss? Join us Tuesday, April 7 and 21, 6:30-8 p.m., at an informative and educational group meeting for people who are trying to lose or maintain weight, get in shape and/or learn about nutrition.

Childbirth Education

Basic childbirth preparation classes will begin Monday, April 6th for six weeks ending May 11 from 6:30 to 8:30 p.m. Labor coaches are encouraged to attend. There is a fee of \$50 payable directly to the instructor at the first class.

Stress Management

Is stress your enemy? Let us help you manage the stress in your life. Join us Wednesday, April 8, 9 a.m. to 4 p.m. Start managing your stress by registering now for Stress Management.

Paper Twist Basket Class

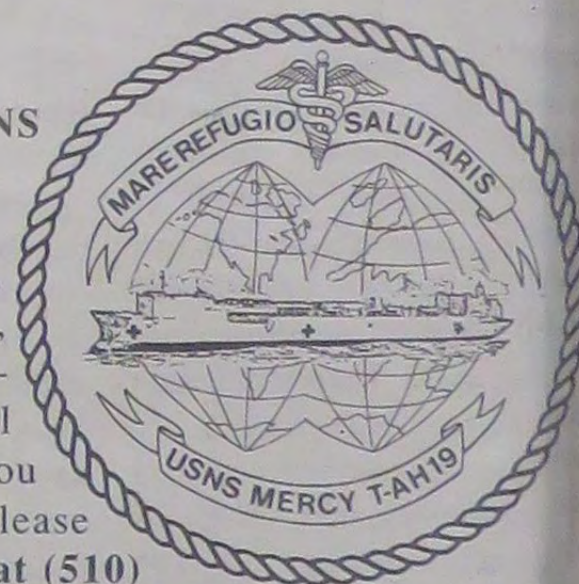
Join us at the FSC for a special class in creating the most unusual "Paper Twist Basket", just in the nick of time for that someone special's Easter basket surprise. on Wednesday, April 8, 6 to 7:30 p.m. For more information or to register for workshops call (510) 263-3148.

USNS Mercy (T-AH 19) sponsors reunion

The USNS Mercy (T-AH 19) officer in charge, Medical Treatment Facility, cordially invites all personnel and their families who were part of the ship's company during Operations Desert Shield/Storm and the 1987 Humanitarian Deployment for an onboard reunion April 25. The day's events will commence at 10 a.m. and end at approximately 4 p.m. Those individuals who plan to attend should RSVP by mail to:

Officer in Charge,
Attn: LT M.A. Anaya,
Medical Treatment Facility, USNS
Mercy (T-AH 19),
FPO AP 96672-4090.

They can also RSVP by telephone, commercial (510) 302-3718, Autovon 672-3718 or fax (510) 302-3723. Many fund-raising events will take place in the near future. If you would like to volunteer to assist, please contact LCDR Carol Bohn, NC, at (510) 633-5965 — Naval Hospital Oakland's Quality Improvement Coordinator.



Red Rover

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Medical computer slated for deployment

By Evelyn D. Harris
American Forces
Information Service

development for several years and was recently named Composite Health Care System program manager. He said the system increases the number of effective visits.

The system is designed to be responsive to users - doctors, nurses, pharmacists, technicians and administrators in individual facilities.

After proving itself in 14 test hospitals, the computerized Composite Health Care System will expand to other military medical facilities this spring, DoD health officials said.

The computer system automates and integrates patient administration and scheduling, labs, radiology, pharmacy, nursing and clinical dietetics. Officials said its benefits range from eliminating errors caused by illegible hand writing to helping medical staff treat patients faster and more efficiently. Open parking spaces are a visible sign the computer system works as intended.

"One commander told me that now patients can find a parking space in his hospital's lot at any time during the day," said Navy Dr. (CAPT) Paul Tibbits. "Before, a parking space was difficult to find during peak hours." Now that hospital serves more patients than ever, officials noted.

Tibbits, who specializes in cardiovascular diseases, has been involved in the system's

"CHCS is not supposed to create a paperless hospital," he explained. "Nevertheless, at any point in time, several members of the staff may need the result of a test. From any terminal in the hospital - protected by two passwords - any health professional can call up the test. This not only saves time, it practically eliminates the chance of loss."

Before the system, records

could be misplaced or misfiled and be lost to those needing information. Physicians might need to order a repeat test, wasting the time of both the patient and the medical staff.

Although parts of Composite Health Care System will be in place in other facilities beginning this year, officials said the system will probably not be fully in place in all 700 military medical facilities until the year 2000. Continuous refinement and improvement are expected.

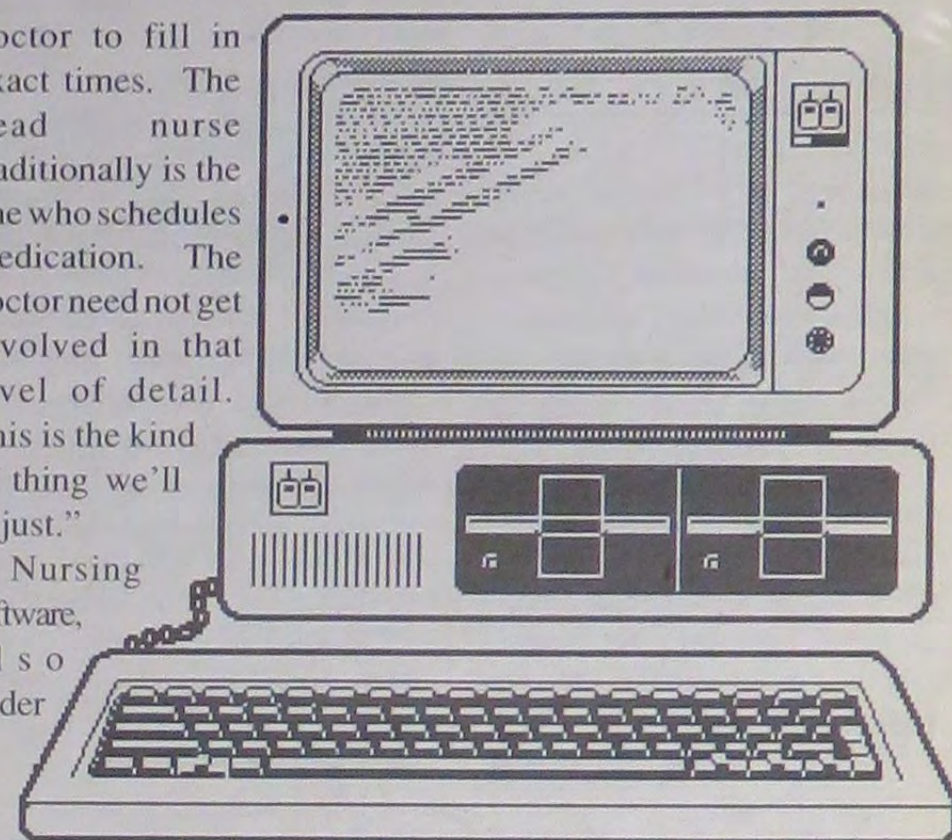
The system is designed to be responsive to users - doctors, nurses, pharmacists, technicians and administrators in individual facilities. Each hospital or clinic has specific needs. Hospital staffs will work with Tibbits' multidisciplinary teams to ensure the system meets those needs. Tibbits said the hospitals share their best ideas.

Tibbits' office also expects to automate the system doctors use to order treatment for patients. Officials hope to streamline this complicated system by 1994.

"Right now, we have a little too much on the screen," said Tibbits. "For example, if a doctor orders medicine to be given four times a day, the system asks the

doctor to fill in exact times. The head nurse traditionally is the one who schedules medication. The doctor need not get involved in that level of detail. This is the kind of thing we'll adjust."

Nursing software, also under



development, will automate records concerning patients' medications, diagnostic tests and prescribed procedures while hospitalized. By improving the information available to care givers, planners hope to improve the quality of care patients receive.

Patients at the 14 test hospitals apparently like the system and asked hospital staffs to use it because it is so much faster, said Tibbits. He also said the system helps hospital management measure workloads more realistically. Previously, for instance, phone consultations frequently were not included in workload counts.

Other benefits:

- * The system helps hospitals get reimbursed by third-party payers—at Tripler Army Medical Center in Hawaii, Department of Veterans Affairs reimbursements went up dramatically.

- * Defense officials can keep better tabs on the quality of physicians in the preferred-provider network.

- * Precertification information needed for elective surgery or surgery in civilian hospitals is collected more efficiently.

- * Medical records are more complete.

- * Hospital staffs save time preparing and storing reports.

- * Patients find it easier to schedule appointments, so walk-in and wait times are reduced.

- * Lab and radiology test results are available faster.

- * The system monitors whether patients pick up prescribed medication.

The test sites are Fort Knox, Ky.; Fort Gordon, Ga.; Tripler Army Medical Center, Honolulu, Hawaii; Madigan Army Medical Center, Tacoma, Wash.; Nuremberg, Germany; Walter Reed Army Medical Center, Washington, D.C.; Eglin Air Force Base, Fla.; Leesler Air Force Base, Miss.; Shaw Air Force Base, S.C.; Andrews Air Force Base, Md.; Sheppard Air Force Base, Texas; Camp Lejeune, N.C.; and the Naval hospitals in Charleston, S.C., and Jacksonville, Fla.

Commission works to establish Southern Calif. veterans home

SACRAMENTO, Calif. - The director of the California Department of Veterans Affairs (CDVA) announced that the Governor's Commission on the Southern California Veterans Home is on board and working to establish a state residential, retirement and health care facility for veterans in the Southland. The commission meets every two weeks at various locations throughout a seven-county region, from Imperial to Ventura Counties, according to RADM Benjamin T. Hacker, USN, (RET).

The commission, created by Assembly Bill 514, authorized by Assemblyman Richard Floyd, is composed of 12 members. Governor Pete Wilson appointed seven of the 12 members. The Governor selected four of his seven appointees from nominees submitted by The American Legion, AMVETS, Veterans of Foreign Wars, and Disabled American Veteran. The other three members appointed by the Governor are "California veterans," selected from applications submitted by veterans residing throughout California. The director of the California Department of Veterans Affairs, RADM Hacker (RET), is also a member. Speaker of the Assembly Willie Brown and President Pro Tempore of the Senate David

Roberti appointed one member each. Senator Charles Calderon and Assemblyman Richard Floyd serve as ex-officio, non-voting members.

Garden Grove resident Willie C. Manes, chairman of the commission, presides over the meetings. Manes a veteran of Korea and Vietnam, is assistant to the dean of the graduate center for public policy and administration, California State University, Long Beach.

The commission must report its findings and recommendations to the Governor and Legislature no later than July 1, 1992. The report may include site locations, scope and level of residential and health care, number and population of sites, estimated cost, financing options and management alternatives.

Each meeting includes a discussion of commission business, fact finding, research and committee reports. Public comment is also included in the meeting agenda to permit individuals, civic groups and businesses to express their interests and present information about available properties suitable for a home site.

The commission has already met in Los Angeles, San Diego, Riverside and Santa Ana. Future meetings are scheduled for Los Angeles, April 10; Lomita, April 11; Barstow, April 20; and

Victorville April 21. Sites for May and June meetings have not yet been selected.

Information regarding the meeting sites and agenda may be obtained from the California Department of Veterans Affairs in Sacramento at (916) 653-2293 or district offices in Los Angeles or San Diego.

College fees may be waived for dependents of veterans

SACRAMENTO, Calif. - If you are the son or daughter of a disabled or deceased veteran and in search of financial assistance for college, the California Department of Veterans Affairs (CDVA) has a deal for you. It is called the College Fee Waiver Program for Veteran's Dependents.

This program can help provide the means to an education for those dependents who might otherwise be deprived of a college education," said Rear Admiral Benjamin T. Hacker, United States Navy (Retired), director of CDVA.

Here is how it works. Under the provisions of California Education Code Section 32320, a student receives the waiver of tuition and incidental fees when attending any

California State University, University of California, or California community college. However, the College Fee Waiver Program does not cover the cost of parking, housing, books, non-resident tuition for out-of-state residents, or other miscellaneous fees.

To be eligible, a college student must be the child of a veteran of the United States military:

- * With a service-connected disability, or
- * Who was killed in the service, or
- * Who died of service-connected disability.

The student's annual income, including parental support, cannot exceed \$5,000.

Either CDVA or the United States Department of Veteran Affairs, or the

Department of Defense, can verify the disability or deceased status of the veteran.

"I'm asking the veterans community to help get the word out about the program," said Hacker who pointed out that 775 college fee waivers were approved for the 1991-92 academic year. I believe effective outreach will qualify even more dependent children," he said.

An application and additional information may be obtained by contacting a county veterans service officer, listed in the telephone directory under county government. Information is also available from CDVA's Division of Veterans Services, P.O. Box 942895, Sacramento, Calif., 94295-0001, telephone (916) 653-2573.

Dealing with sexual harasssment in the workplace

By LT Mary Hanson and Ray Nolan

WASHINGTON (NES) — Recent reports of alleged sexual harassment incidents in American society and in the Navy have prompted renewed emphasis on the issue of sexual harassment.

According to the Equal Employment Opportunity (EEO) Commission, sexual harassment is a form of sex discrimination under Title VII of the Civil Rights Act and involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature.

This type of conduct can be determined when:

- *submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay or career (advancement);
- *submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person;
- *such conduct interferes with an individual's performance or creates an intimidating, hostile or offensive environment.

Sexual harassment is a crime. It is a counter-productive measure used by criminals to offend and intimidate innocent victims in a work or work-related environment.

Using sexual favors as a determining factor in employment decisions is also considered sexual harassment.

One way the Navy combats sexual harassment is to train personnel in how to cope with and

Historycontinued from page one

more slowly. "We just wanted to win the war," said Erno. "The feeling of teamwork was incredible."

"Most of the time, we worked seven days a week," recalled Ethyl Wilcox, who entered the Marine Corps as a private in 1943 and retired as a sergeant major in 1973. Wilcox, a Wisconsin native, joked about being able to see the world when she was assigned to a recruiting office in Milwaukee, where she remained for much of her career.

"Someone had to stay in the office until midnight every night," added Wilcox. "Potential recruits would show up at all hours. If someone came in at 11 at night, we'd give them the forms to fill out and tell them to come back the next day to be processed."

"The written test for women was more difficult, and women had to have high school diplomas, which men didn't," she added.

how to be aware of what constitutes this type of behavior. Since 1980, official Navy policy has existed concerning sexual harassment, and several initiatives in recent years have resulted in increased awareness in the fleet. According to the 1990 updated report on the Progress of Women in the Navy, more than 65 percent of personnel surveyed said that things were being done to stop sexual harassment in the Navy. However, as policy planners at the Bureau of Naval Personnel (BuPers) point out, the training is never done.

"This isn't something that you can do just one time, and then forget about it," said CAPT Ev Greene, director of the equal opportunity division at BuPers. "It needs to be a routine part of everybody's refresher training and leadership development — at all levels."

Training in sexual harassment policy and prevention is a required subject at all Navy Recruit Training Centers; advanced training schools; officer commissioning programs; petty officer, chief petty officer, warrant and limited duty officer indoctrination courses; department head training; and courses for prospective commanding and executive officers.

In addition to the various pipeline training courses, sexual harassment training is also required as part of each command's Navy Rights and Responsibilities workshops during indoctrination and annual refresher training.

The goal of repeated training, said Greene, is to "create an atmosphere of mutual respect, which will contribute to improved teamwork and readiness within the Navy. We are trying to get each Navy member to treat everyone with the same courtesy and dignity that they would want for themselves."

Sexual harassment can often be stopped at the source, before it is repeated. What is the best way to handle a person engaging in sexual harassment? Be direct. Many victims of sexual harassment often think the harassment will stop if

they ignore the harasser. It doesn't. The harasser sees this lack of action as a form of approval. Tell the person doing the harassing that you object to his or her behavior. Repeat your objections until the harasser takes your intentions seriously. Using the "broken record" approach can be very effective. One of the problems with sexual harassment is that the harasser isn't always aware that his or her actions are unwelcome. Repeating your objections is a way to remove all doubt from the

- incident(s) occurred
- *tell the harasser that you want the behavior to stop immediately
 - *let the harasser know if the behavior doesn't stop immediately you will take additional action.
- Give the harasser the original copy of the letter in the presence of a witness. If a personal confrontation is undesirable, send the letter certified mail with return receipt requested. The signature on the receipt will serve as proof that the harasser has been notified of the sexual harassment. Forward

harassment exists, it won't go away. Without the courage to report any and all incidents of sexual harassment, the problem will only intensify.

For guidance on sexual harassment, see OPNAVINST 5300.9 (Navy Policy on Sexual Harassment), SECNAVINST 5300.26A (Department of the Navy Policy on Sexual Harassment), and OPNAVINST 5354.1C (Navy Equal Opportunity Manual), Section IV "Prevention of Sexual Harassment," and Section V,

People accused of sexual harassment have rights, too

American Forces Information Service

The Supreme Court confirmation hearings in the Senate highlighted that there is not much defense for those accused of sexual harassment.

Editorials around the country noted that even if the nominee were innocent of the allegation, there was no way he could prove it. Many accused of sexual harassment claim innocence. Do people accused of sexual harassment have the same rights as alleged victims?

"Yes," said Christopher Jehn, assistant secretary of defense for force management and personnel. "The system has to protect both the victim and the accused. The responsibility for protecting the rights of the accused as well as the rights and sensitivities of the alleged victim falls to the commander and chain of the command." Protections apply equally to military personnel and DoD civilian employees.

Agencies have 180 days to investigate and resolve complaints, a DoD equal

opportunity manger said. However, several stages and appeals processes are involved during the 180-day period.

Complainants who are not satisfied with their agency's final decision can press their cases with the U.S. Equal Employment Opportunity Commission or a U.S. District Court, he said. The manager insisted the best thing someone accused of sexual harassment can do is to cooperate with the investigation and present evidence for his or her own defense.

harasser's mind that his or her actions are offensive. If the unwanted behavior continues, talk with your supervisor about the problem. Supervisors are responsible for providing their employees with a working environment free from sexual harassment. If your supervisor is the person doing the harassing, talk with his or her supervisor.

Writing the harasser a letter is another tactic used to stop sexual harassment. If using this approach, the following information should be included:

- *give a description of the behavior that you object to
- *list the date(s) that the

a copy of the letter to your EEO representative (if civilian) or the proper person in your chain of command. This will serve as notice to your employer that there is a problem and future assistance may be required.

Sexual harassment is a crime. It is a counter-productive measure used by criminals to offend and intimidate innocent victims in a work or work-related environment. Employees must be aware of their rights in this matter. Unless people are aware that the problem of sexual

"Navy Grievance Procedures." The chain of command is the preferred means for military members to resolve sexual harassment issues. However, sexual harassment incidents also may be reported to the Navy Inspector General hotline by calling Autovon 288-6743, (202) 433-6743, or (800) 522-3451. Courtesy of LT Mary Hanson, public affairs staff, Bureau of Naval Personnel, Washington, D.C. Ray Nolan, deputy EEO at NAS Brunswick, Maine, also contributed to this article.

Spotlight.....continued from page one

may very well be the next step."

Having recently become a mother, "I am aware of the critical shortage of quality, reliable, safe and affordable child care available in the Bay Area. According to the Employment Development Department, the average hourly wage for day care in this area is \$7.60 per hour, although many parents are able to find care for their children at \$5.00 or less," LT Gilstad said.

"Nevertheless, I wonder how families without a dual income manage to find acceptable, affordable child care," she said. "For example, an E-3 over two years, single parent, with one dependent with no extraneous allotments, makes \$965.40 basic pay per month. Including BAQ with dependents, VHA and COMRATS and deducting taxes, this single parent will take home about \$758.00 every two weeks. Assuming this parent can find inexpensive day care at \$5.00 a hour, she or he pays \$200.00 a week, assuming a 40-hour work week, or \$800.00 a month. If I subtract VHA, BAQ

and COMRATS and housing and food expenses and also the \$800.00 per month for child care, this parent has about \$50.00 left for all other expenses, whether that's clothing, insurance, car payments, etc.," LT Gilstad said.

"I think that is unacceptable. There are so many single parent families at this command and quality affordable child care is so difficult to find, yet NHO has nothing to offer," she said. "A reservist recalled for Desert Storm last year tried to organize a day care center, but it never materialized. This was extremely unfortunate. I'd like to see our administration resurrect this plan and implement it so safe, reliable, inexpensive day care is available to active-duty families."

LT Gilstad joined the Navy in July 1981 as a midshipman in the U.S. Naval Academy. She is married to LCDR Francis McGuigan, MC, a resident in NHO's Orthopaedic Department, and the mother of five-month-old Shannon.

Congress taps March as Irish-American Heritage Month

By Rudi Williams
American Forces
Information Service

For the second consecutive year, Congress has designated March as "Irish-American Heritage Month" to highlight Irish heritage, culture and contributions to the nation.

"The joint resolution will nationally recognize the many contributions Irish Americans have made throughout our nation's history," said Illinois Sen. Paul Simon, one of the cosponsors of the measure. "About 40.7 million Americans are of Irish-American descent, from Andrew Jackson, our seventh president, to James Hoban, the man who designed the White House."

Irish Americans have played an integral role in shaping the national heritage, Simon said. "Artists, playwrights, social reformers, inventors and politicians, including 10 signers of the Declaration of Independence, are only a fraction of the many Irish Americans who have helped enrich our great nation," he added. "Their legacy and achievements will be better appreciated by the celebration of 'Irish-American Heritage Month.'"

Calling America "the melting pot of the world," Simon said, "Our national heritage is not the product of just one culture or one tradition. It takes the contributions of all the peoples of the world and combines them into the wonderful, colorful and diverse society called America. This resolution honors one of those proud traditions."

Another co-sponsor, Arizona Sen. Dennis DeConcini said, "We should take time to recognize the many cultures that make this country the great melting pot it is. As someone who has married into the Irish culture, I'm looking forward to celebrating Irish-American Heritage Month and St. Patrick's Day with full vigor."

In response to people who question having an Irish-American Heritage Month, a DeConcini spokesman, Matt Collins, said, "These observances—Black History Month, Hispanic Heritage Month, American Indian Heritage Month—highlight different minority groups, but that's not the only purpose. It's important to bring attention to causes, groups, actions and dates in history people should know about and respect, not just for minority groups, because we have a giant melting pot of hundreds of different ethnic groups from many countries around the world. Each group deserves special recognition."

New York City Police Department Capt. Vincent

Dougherty agrees. "Having ethnic heritage months is a wonderful way to recognize major contributions different groups make to making this country what it is today," said Dougherty, commander of Brooklyn North narcotics.

"The Irish have proven their worth in wars, education, establishment of universities, literature, theater, government—from police officers to presidents

of the United States," said Dougherty, a member of the police department's Emerald Society, a charitable organization that raises money for education scholarships. "Many of the country's founding fathers had Irish backgrounds."

Thomas A. Brennan Jr., president of the Friendly Sons of St. Patrick, said, "For most Irish Americans, having an Irish-American Heritage Month is

almost a sentimental thing. For instance, my grandmother and great grandparents came over from Ireland. I'm four or five generations removed from Irish immigrants.

"Most people in my situation, if they have an attachment to Ireland at all, it's more of a sentimental thing because we don't have relatives in Ireland that we know of," said Brennan, an associate general counsel of

the Hearst Corp. In New York City, "If your parents came over during World War II, for example, you certainly know your Irish relatives and have a much more concrete connection with Ireland than I do."

"It's a heritage thing," Brennan continued. "Every American is searching for roots. My roots are in Ireland. For most Irish Americans, I think that's the extent of it."

Irish Heroes and The Medal of Honor

By Rudi Williams
American Forces
Information Service

When it comes to Irish-American military heroes, Medal Of Honor recipient Army Maj. Gen. William "Wild Bill" Donovan is probably the most famous. But when it comes to gallantry on the battlefield, it's hard to beat the deeds of Daniel Daly and Smedly D. Butler—each earned two Medals of Honor.

Sgt. Maj. Daly was called "the outstanding Marine of all time" by former Marine Corps Commandant Maj. Gen. John A. Lejeune. Gen. Butler called him "the fightingest Marine I ever knew" and once remarked, "It was an object lesson to have served with him."

Both men earned their second Medal of Honor during the Haitian Campaign in 1915. On the night of Oct. 24, more than 400 Cacos Haitian bandits attacked Daly, then a gunnery sergeant, three officers and 34 enlisted men. The Marines

and scattering the enemy in all directions," the citation read. "Had one squad failed, not one man of the party would have lived to tell the tale. During the operation, Gunny Sgt. Daly, 15th Company, was the most conspicuous figure among the enlisted men."

Fifteen years earlier, Daly, then a private, made history when he ordered an outnumbered, outgunned, pinned-down group of Marines to attack the enemy during the Battle of Peking (China) on Aug. 14. "Leaping forward, he yelled to his tired men, 'Come on, you...do you want to live forever?'" one historical account relates. While singlehandedly defending a position, "Chinese snipers fired at him and stormed the bastion, but he fought them off until reinforcements arrived," according to Daly's citation.

Butler earned his first Medal of Honor in Vera Cruz, Mexico, on April 22, 1914. "Maj. Butler was eminent and conspicuous in command of his battalion. He exhibited courage and skill in leading his men through the action on the 22nd (April) and in the final occupation of the city," according to the award citation.

He earned his second Medal of Honor about 19 months later during the Haitian Campaign. Butler was cited for conspicuous bravery and forceful leadership as leader of the attack on Fort Riviere, Haiti, on Nov. 17, 1915.

"Wild Bill" Donovan warned a Medal of Honor for gallantry in leading his regiment against the Hindenburg Line at Landres-et-St. George on Oct. 14-15, 1918, in the Meuse-Argonne offensive during World War I.

Then a colonel, Donovan, who was wounded three times, commanded the 165th Infantry—formerly the famous all-Irish "Fighting 69th" New York Regiment.

"Colonel Donovan personally led the assaulting wave in an attack upon a very strongly organized position, and when our troops were suffering heavy casualties, he encouraged all near him by his example, moving among his men in exposed positions, reorganizing decimated platoons and accompanying them forward in attacks. When he was wounded in the leg by machine gun bullets, he refused to be evacuated and continued with his unit until it withdrew to a less exposed position," the Medal of Honor citation read.

During World War II, Donovan organized and directed the Office of Strategic Services, precursor of the CIA. The organization was known to the public as the "cloak-and-dagger boys" who worked for U.S. intelligence behind enemy lines.

During the Normandy invasion, Donovan was pinned down on a beach by German machine gun fire. He turned to another OSS officer and said, "We know too much." Drawing his pistol, he supposedly added, "If we are going to get captured, I'll shoot you first. Then myself. After all, I'm the commanding officer."

"Our battalion commander was Maj. 'Wild Bill' Donovan," Medal of Honor recipient Sgt. Richard W. O'Neill told the Congressional Medal of Honor Society in a mid-1970s account. "Thanks to him our bodies and courage were strengthened daily. We improved physically by

running a mile or two every day, something that wasn't at all popular in those days. And



Marine Corps GySgt. Daniel J. Daly with his two Medals of Honor.

Donovan's philosophy rubbed off on us giving us faith in ourselves and our officers."

On July 31, 1918, Donovan instructed O'Neill to lead his platoon of 28 men in an assault on German machine gun emplacements that had caught the Americans in a crossfire. During the assault, O'Neill fell into a camouflaged machine gun nest. Armed with an rifle with fixed bayonet and two grenades, O'Neill killed seven of the 24 Germans in the double bunker. The rest surrendered.

O'Neill took a pistol bullet in the leg and a rifle bullet in the arm, but kept fighting. Donovan had preached, "Never give up. Keep going. Never give up!" So I kept going," O'Neill told the society. He insisted he be taken to Donovan before being treated for his wounds.

"I reported to Donovan that there were eight machine guns out there, not two," O'Neill told the society. "And I told him where the artillery fire could be directed and also, where our own men were located. After that, I was taken to the hospital. I was willing to go then." Only five of the original 28-man platoon survived the battle. Three of the five were wounded. O'Neill died April 9, 1982.



Army Sgt. Dick O'Neil with his Medal of Honor received for actions during World War I.

fought their way to a good position and stayed there throughout the night, according to the award citation.

"At daybreak, the three squads of Marines—one led by Daly—advanced in three different directions. Surrounding

Naval Hospital Oakland Up Close With Women's History Month



YN1 Kathleen A. Fescenmeyer

What division/department do you work in? Administrative Support
What is your job? Leading petty officer.
Marital status: Married to Robert James.
Children and ages: Robert Alan, 15; Micheal James, 9; David Leonard, 9; and Matthew, 7.
Hometown: Eugene, Oregon
Hobbies: Baking, sewing, and shopping.
Likes: Interesting people, places, and things.
Dislikes: None listed.
What is the most challenging part of your job? Making sure deadlines are met, that the office is covered, and harmony in the work place. If people work together they can accomplish the job better.
What is your immediate goal? Retiring on 31 July 1992.
What is your long-term goal? To start college in August to become a teacher for hearing impaired students.
If I could do it all over again, I'd? I wouldn't change anything.
I wish I could stop: The way people treat each other. People should learn to live with each other without fighting. Lives so short you should enjoy all you have.
I respect myself for: All accomplished in my life. I not only have a career but also have been able to be a mother and a wife. I've seen a lot and have done even more.
Role Models/Heroes: My mother and father.
How far do you think women have come in the Military/Federal Government? When I joined the military in 1972 women were only allowed in a few ratings (i.e. yeoman, personnel, radioman, hospital corpsman—basically administrative jobs) and now we are in all rates. I feel in another twenty years women will be in every job including combat jobs. Women really showed what we were made of during Desert Shield/Desert Storm. We can stand shoulder-to-shoulder with the men when given the chance.



YN2 Janet Bekkala

What division/department do you work in? Administrative Support
What is your job? Medical Treatment Facility coordinator and action tickler tracker.
Marital status: Married to Brain Timothy.
Hometown: U. S. Air Force dependent - Anytown USA
Hobbies: Weight lifting and bike racing.
Likes: Intriguing people.
Dislikes: Cheap wine and cheap people.
What is the most challenging part of your job? Being assigned to new tasks.
What is your immediate goal? To regain the physical strength I had prior to my back surgeries.
What is your long-term goal? Within limitations, to be as strong as possible, both physically and mentally.
If I could do it all over again, I'd? Make several significant life changes. Too bad we don't get to do it all over again, but we sure can "add on".
I wish I could stop: Global illiteracy.
I respect myself for: Being open-minded and progressive.
Role Models/Heroes: Jesus, Ghandi, and G. I. Gurdieff.
How far do you think women have come in the Military/Federal Government? When I entered the Navy in 1984 and throughout my first five years I felt the treatment and proper utilization of women in the Navy was poor. It was like stepping back into a time warp. In the last couple of years and at this command, I've felt a dramatic improvement. To answer the question Navy wide on a scale of 0 to 10, with 0 being when I joined, I'd rate it as maybe a 4. I think we still have lots of room for improvement.



Earline Oliver GS-4

What division/department do you work in? Message Control/Administrative Support
What is your job? I file all unclassified message traffic and track recurring reports.
Marital status: Single
Hobbies: Music, reading, and sewing.
Likes: Food, movies, swimming, and bowling.
Dislikes: I don't like anchovies and I don't like being placed on hold.
What is the most challenging part of your job? To answer this questionnaire.
What is your immediate goal? To finish college.
What is your long-term goal? To help my grand children finish college.
If I could do it all over again, I'd? Finish college before marriage and children and also become a concert singer.
I wish I could stop: Eating too much food and drinking so much coffee.
I respect myself for: Being a good citizen.
Role Models/Heroes: My father and mother.
How far do you think women have come in the Military/Federal Government? I have worked at Naval Hospital Oakland since 1970 and I have enjoyed my tenure here. I hope to retire here in 1995.

From the Chaplain

By CDR Richard M. Mattie, CHC, USN



The travel section of the San Francisco Examiner dated March 15, had an interesting article by Donald M. George, entitled "Footloose in Italy." Being a Catholic chaplain, the article caught my interest because the writer described a visit to Vatican city. This visit took place some fifteen years ago.

Following a Christmas holiday sojourn in Italy, the writer describes a memorable experience:

"Most impressive of all the treasures in Rome were the Sistine Chapel and the Pieta. Few things moved me so much; One stands and stares, and the

faith, the beauty, the skill, the courage merge into an accomplishment beyond belief. How Michelangelo could draw all his resources together and complete those works is beyond me."

The qualities of workmanship that the writer, Donald George, was able to identify, beauty - skill - courage - faith, caught my interest.

It seems to me that each one of us, going about our daily routine, endeavors to give the very best effort. The same "qualities of being" the Michelangelo employs in his artistic endeavors are basically the very same qualities that each one of us puts forth in our every day living in order to perform our works and meet our many responsibilities. Each day calls for our best effort. Each day has to begin with renewed interests. It doesn't matter that we are the very best and it doesn't matter if others are given recognition that perhaps we deserve. What really matters is how we live, work and meet our responsibilities; how we apply ourselves to the work at hand each day.

Martin Luther King, Jr. wrote: "Whatever your life's work is, do it well. A man

should do his job so well that the living, the dead and the unborn could do it no better."

If it falls your lot to be a street sweeper, sweep streets like Michelangelo painted pictures, like Shakespeare wrote poetry, like Beethoven composed music; sweep streets so well that all the hosts and earth will have to pause and say, "Here lived a great street sweeper, who swept his job well."

In our rounds, each day on the wards, it is not unusual for

patients to tell chaplains how grateful they are for receiving quality care. The praises and accolades are positive, frequent, spontaneous and sincere. Our doctors, nurses and corpsmen are to be commended for the many miracles worked each day.

Mother Teresa of Calcutta tells a story of walking past an open drain and catching a glimpse of something moving in it. She investigated and found a dying man whom she took back home where he could die in love and peace.

"I live like an animal in the streets," the man told her. "Now, I will die like an angel."

"How wonderful to see a person die in love," she exclaims, "with the joy of love, the perfect peace of God on his face."

May we continue to work each day by giving our very best, performing well, the job assigned. May we continue to bring dignity, joy and healing to those suffering. May we always be motivated to do "a job well done."

April is Earthquake Preparedness Month

After a major earthquake, electricity, water, and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office, or in your car:

- *Fire extinguisher
- *First aid kit
- *Wrench
- *Flashlight and extra batteries
- *Water and disinfectant
- *Radio and extra batteries
- *Dry or canned food
- *Alternate cooking source



California Earthquake Preparedness Month

Beat The Quake!

BayMed 92 Disaster Drill Note

Due to Naval Hospital Oakland's participation in this year's disaster drill, BayMed 92, all outpatient clinics will be closed for routine appointments on Thursday, April 16. Normal operating routine for the clinics will resume Friday, April 17.

Diet corner

A little sodium goes a long way

Sodium is a mineral that is essential for good health. You must have a balance of sodium and water in your body fluids at all times. Too much sodium or too much water will upset the balance. Unfortunately, most of us eat far more sodium than we need—a little sodium goes a long way.

According to the National Research Council 1100 to 3300mg of sodium daily is enough. However, Americans consume 2-6 times that amount! Sodium is most commonly found in salt but is also found naturally in foods and is used as an additive in foods and drugs. Table salt is 40 percent sodium and the rest is chloride. There are approximately 2000 mg sodium in a teaspoon of salt.

Salty foods make you thirsty because sodium requires extra water for dilution. When you sweat, the increased concentration of sodium in the blood also stimulates

thirst. Unless the proper concentration of sodium is maintained, something goes wrong.

In healthy individuals the kidneys help to maintain this balance. However, if the body cannot get rid of excess sodium, because of diseases of the heart, circulatory system, or kidneys, it accumulates in the body along with excess fluids. This results in edema, a swelling of the tissues that can cause temporary weight gain and lead to other more serious health problems.

Even if you never salt your foods, 90 percent of all processed foods contain sodium. In reading labels watch for the word "sodium" or the symbol "Na" and eat these foods in moderation. It is important to note that liking salty foods is an acquired taste or habit that can be changed. When reducing salt and high sodium foods, it will take the taste buds 2-3 months to readjust to the new sodium level. So be patient!

Anaerobic vs. aerobic exercise

By LT Winfred Toney

The physical readiness test (PRT), performed biannually, has caused many sailors to develop a year-round interest in a fitness schedule. During this process sailors may have heard the terms anaerobic and aerobic bandied about. Simply put, aerobic takes place in the presence of oxygen and anaerobic doesn't require oxygen, but both produce energy for the body.

Some examples of aerobic exercise are brisk walking, jogging, aerobic dance or stair-stepping. Examples of anaerobic exercise include push-ups, pull-ups, and weight-lifting. A strong heart, achieved through aerobic exercise, makes it easier to start an anaerobic type of exercise.

To understand the differences between aerobic and anaerobic exercise, you need to know that fats, carbohydrates and proteins are the three sources of diet-provided

energy. However, these energy sources can't be used directly by muscles but are converted into a muscle fuel known as adenosine triphosphate (ATP).

ATP is stored in muscle and organ cells, providing two to three seconds of quick energy for muscle contractions to perform movements such as jumping, throwing, pushing, and pulling.

However, ATP must be replaced after it's used. The automatic action of rebuilding ATP is performed through a chemical process called phosphocreatine (PC).

The problem with the ATP-PC system is that when energy is achieved without oxygen, or anaerobically, its quick energy only lasts for a short period of time.

Whether exercising aerobically or anaerobically, passing the PRT is what motivates many a military member and it is possible to pass part of the PRT by using anaerobic energy — giving it all you've got during the sit-ups and push-ups. However, ATP stores will be used

up quickly and there won't be enough energy left for the run.

Aerobic exercise has more benefits than anaerobic because a continued supply of oxygen to the muscles will allow muscles to perform longer periods instead of the anaerobic time of two or three minutes. Oxygen used in aerobic exercise provides the body with 13 times the energy produced by anaerobic exercise.

For those looking to control fat, aerobics continued over a 20- to 45-minute period allows fat, rather than carbohydrates, to be used as the fuel source. Surprisingly, fat provides about 14 times the energy of carbohydrates.

One of the biggest differences in anaerobic vs. aerobic exercise is that anaerobic exercise is the best means of increasing muscle size, strength and endurance while aerobic exercise is best for strengthening the heart.

Toney is the PRT coordinator for Naval Training Center, Great Lakes, Great Lake, Ill.

Classes offered by NHO's Patient Education Dept.

Smoking Cessation

The American Cancer Society Program— Fresh Start—is now being offered at NHO. This course repeats monthly and is a series of seven two-hour classes. The first class in the series discusses the physiological and psychological aspects of nicotine addiction. The next six classes deal with stress management, behavior modification, and how to quit smoking or chewing tobacco. A physician is present at Class I and Class III to answer questions.

Hypertension

This is a two-and-a-half hour American Red Cross class. Topics for the class include diet and exercise, complications of high blood pressure, compliance with medication regimens, and stress management. A physician is present during the class to answer any questions or concerns.

Adult Asthma

This two-hour class deals with adult respiratory problems and ways to relieve them. Respiratory problems such as COPD, bronchitis, and allergies will be discussed, as well. A physician is present during the class to answer any questions or concerns.

Pediatric Asthma

This two-hour class deals with children's respiratory problems and ways to help them. Other illnesses that will be discussed include allergies, bronchitis, and croup. A physician will be present during the class to answer any questions or concerns.

Arthritis

This two-and-a-half hour class deals with arthritis, its complications, and ways to relieve the symptoms. Topics for the class include diet, pain management, stress relief, and exercise. A physician will be present during the class to answer any questions or concerns.

"Beyond Fear" HIV Family Support Group

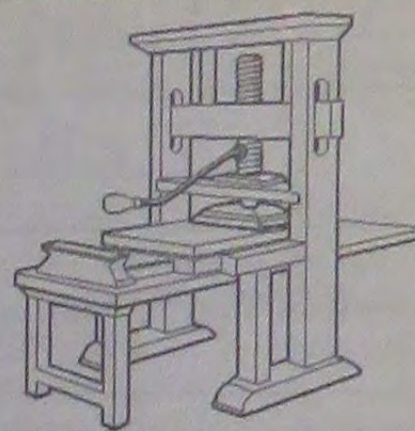
This two-and-a-half hour session deals with family members and significant others who are living with people who have HIV/AIDS. Topics discussed include the stages of grief, what to expect from the illness, and how to live a "normal" life after recovering from the shock of the diagnosis.

Breast Self-Exam

This one-hour class is designed to show women how to do a proper monthly breast self-exam, what changes to watch for, and the importance of breast exams. Women will view a videotape on breast self-exams. A female registered nurse will be the lead teacher for this class.

Patient educators at NHO are Aggie Freeman, RN, and ENS Michelle Gillum, USN, NC. All classes are run monthly, so check the Plan of the Day for dates and times. Everyone is welcome to attend any class; no consult is required. For further information, please call 633-5454, or pagers 801-5545, 810-9076. Or stop by the patient education office located on the 4th floor of the hospital in the Cardiopulmonary Lab, across from the Operating Room.

Oak Knoll Briefs



PULMONARY FUNCTION LABORATORY

The Pulmonary Function has moved to 8 South, in back of the Adolescent Clinic. Arterial Blood Gas and the Bronchoscope Laboratories will remain on the 4th floor. Pulmonary Function Laboratory telephone number is (510) 633-6894 to schedule an appointment. For further information, contact HM2 Robbins or HM1 McGahee at 633-5924.

MOULAGE TRAINING COURSE

In preparation for the upcoming April Disaster Drill (BayMed 92), Volunteers will be needed for a Moulage Training course to be held on April 2, at Letterman Army Medical Center. Interested personnel please submit a request chit through your department and forward to HM2 Golden at the Mobilization Planning office building 73-B.

UNIFORM SHIFT TO SUMMER UNIFORM

The shift to summer uniform for all commands within NAS Alameda local area coordination will commence 0001, May 18. Uniform of the day for all personnel will be as follows:

	Prescribed	Alternate
Officer/CPO		Summer White
		Summer Khaki
Male E6 and below		Service Dress White
		Summer White
Female E6 and below		Service Dress White
		Summer White

Summer Khaki may be prescribed as an alternate uniform for Officer/CPO's. Summer White is the appropriate uniform for official functions, personnel standing top side/ quarterdeck watches and occasions where coat and tie are normally worn.

PHYSICAL EXAMINATIONS FOR REENLISTMENT/ SEPARATION

All military personnel who are separating from military service are required to undergo physical examination. The Primary Care Clinic is the designated physical examination section. Beginning physical exam two to three months early is recommended, since separation does not become final until a physical exam has been completed. For those who are re-enlisting or extending for greater than two years, you need to make an appointment with PCC to have your current physical exam reviewed and interval history recorded. If your physical exam has expired you will need a completely new physical. Point of contact is HM2 Mandella or HN Cooke at 633-5178.

A WORD TO THE WISE

Effective March 1, 1992, MANDATORY processing for separation of first time Drug Abuse Offenders will include ALL Navy paygrades. ALL Navy personnel in paygrades E-1 and above, who commit an initial drug offense shall be disciplined as appropriate, screened for drug dependency, and processed for separation. Individuals separated administratively or punitively, who are medically diagnosed as drug dependent, shall be offered veterans administration treatment at time of separation. Self referral for drug abuse is an incident of drug abuse and does NOT prevent a member from being administratively processed for separation.

Civilian news

RIF rule changes protect top civilian performers

By Evelyn D. Harris
American Forces Information Service

There is a saying, "If your neighbor loses his job, it's a recession. If you lose your job, it's a depression."

DoD officials have promised to try to downsize the Defense Department primarily through attrition. Still, officials said, there will be some reductions in force.

People with good performance records will be less vulnerable to RIFs thanks to recent Office of Personnel Management policy changes. The changes give employees retention credit for the three most recent annual performance ratings within four years.

Under the old rules, only ratings in the three years preceding the RIF counted. Tom Glennon of the Office of Personnel Management said the new rules better ensure employees competing for jobs during a RIF receive credit for three actual ratings. Glennon specializes in reduction-in-force policy.

He explained the old regulation could penalize employees whose supervisors, for whatever reason, failed to prepare three timely annual appraisals in three years. An employee with two appraisals in three years received an assumed "fully successful" on the missing

rating. So employees lost credit if they actually received "outstanding" or "exceeds fully successful" on a late appraisal.

People with good performance records will be less vulnerable to RIFs thanks to recent Office of Personnel Management policy changes.

Employees with the most time in service have the most protection from a RIF. Good performance ratings add to time in service. Each "outstanding" rating adds 20 years of service. Each "exceeds fully successful" rating adds 16 years, while each "fully successful" adds 12 years. Thus, an employee with one of each receives credit for an additional 48 years of service.

To lessen administrative hardships, agencies can use either the new four-year period or the old three-year period until Jan. 19, 1993. But agencies must be consistent in awarding additional

service credit for reduction-in-force purposes and document the procedures in their performance appraisal systems. The revised regulation also requires agencies to save performance ratings for four years instead of three.

Another rule change regards offering temporary employment. Under the new rules, agencies cannot offer temporary jobs to employees threatened by a RIF unless the only alternative is separation.

The Office of Personnel Management clarified rules involving agencies that reassign RIF affected employees by waiving less critical job qualifications. Agencies can waive only some qualifications of vacant positions. The employee still must meet minimum educational qualifications and possess the skills and adaptability needed to perform satisfactorily in the new position. Employees must fully qualify before they can be assigned to an occupied position.

Finally, the RIF rules now clarify a longstanding policy that displaced employees' new jobs need not have the same promotion potential as their old positions. For an agency, finding new jobs is what counts - reassignments can be from jobs with promotion potential to jobs with none or vice versa. Employees retain the same career status and tenure in their new positions.

Civilian Personnel vacancy listing as of March 20

This is the list of current and open continuous vacancies which is serviced by Civilian Personnel Department at Naval Hospital Oakland. Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled, certain Vietnam Era and disabled veterans, may apply for these announcements. Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or autovon 828-6372, Monday through Friday, 8 a.m. - 4 p.m., or visiting the Civilian Personnel Office. Filling of these positions may be delayed due to the DoD hiring freeze.

Position	Location	Closing Date
Secretary (TYP) GS-318-4/5	Various	OC
Clerk-Typist GS-332-3/4	Various	OC
Secretary (TYP) GS-318-04	Various	OC
File Clerk GS-305-3/4	Various	OC
Medical Clerk GS-679/3-4	Various	OC
Industrial Hygienist, GS-690-7/9/11	Various	OC
Vocational Nurse GS-620-05	Dir Nursing Services	OC
Supvy Management Analyst, GS-343-12	Information Systems	OC
Secretary (Typ) GS-318-05 (P/T-Temp)	Facilities Mgmt	OUF
Claims Clk (Typ) GS998-4/3 (P/T-Temp)	Fiscal Dept.	OUF
Supvy Community Health Nurse, GS-610-11	Occ Hlth/Preventive Med	OUF
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Nurse Specialist GS-610-11	Internal Med Cardiology	OUF
Nurse Practitioner GS-610-11 (P/T or F/T)	BMC Mare Island	OUF
Supvy Clinical Nurse, GS-610-10	Inpatient/Maternal/Child	OUF
Voucher Examiner (Typ), GS-540-4/5	Material Mgmt Dept.	OUF
Fire Protection Inspector, GS-081-05	Fire Department	OC
Clerk-Typist GS-322-3/4	Navy Drug Screening Lab	OC
Physical Science Technician, GS-1311-4/5/6	Navy Drug Screening Lab	OC
Social Worker GS-185-11	NHO, BMC T.I. and Alameda	OUF
Housekeeping Aide, WG-3566-01 (P/T-TEMP)	Operations Management	OUF
Physicians Assistant, GS-603-11	Internal Medicine	OUF
Community Health Nurse, GS-610-11	Social Work Department	OUF
Medical Officer (OccupMed), GS-602-13	Various Locations	OC
Medical Officer (Gen Practice), GS-602-13	Various Locations	OC
Occupational Health Nurse, GS-610-9	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC
Chemist GS-1320-5/7	Navy Drug Screening Lab	OC
Vocational Nurse GS-620-5	Various Locations	OC
Computer Assistant, GS-335-5/6/7	Information Systems Dept.	OUF
Industrial Hygienist, GS-690-7/9/11	Various Locations	OC
Nurse Consultant GS-610-11	Infection Control/Occ Health	OUF
Health Technician GS-640-4/5	Various	OC
Medical Technologist GS-644-7/9	Laboratory Department, Navy Drug Screening Lab	OC
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Note*	OC= Open Continuously OUF=Open until filled	

Blame It On The Bellboy



Calamity prevails when a trio of travelers, whose names all sound alike, Messrs. Horton (Richard Griffiths), Orton (Dudley Moore) and Lawton (Bryan Brown) check into a Venice, Italy hotel and are given the worn itineraries by a bungling bellboy (Bronson Pinchot, center) in Hollywood Pictures' new comedy of mistaken identity, "Blame It On The Bellboy." Right: (Top), Maurice Horton (Griffith, right) finds that romance comes with a high price when he tries to seduce real estate agent Caroline Wright (Patsy Kensit, left). (Bottom) Clumsy businessman Melvyn Orton (Dudley Moore, seated, and top left) becomes a target for mob boss Scarpa (Andreas Katsulas, bottom left) and his cronies Alfio (Alex Norton, center) and Rossi (Jim Carter, right). LEFT: (Bottom) Lawton (Bryan Brown, left) and his assassination prey Patricia (Penelope Wilton, right) find that life can be murder. Alison Steadman also stars. A Hollywood Pictures presentation in association with Silver Screen Partners IV, "Blame it on the Bellboy" is written and directed by Mark Herman, and produced by Jennie Howarth and Steve Abbott. Buena Vista distributes. © Hollywood Pictures Company. All Rights Reserved.)

The staff at the Hotel Gabrielli, in Venice, Italy, is eager to please. However, one quirky bellboy (Bronson Pinchot) is a little too anxious. When entrusted with distributing itinerary envelopes for three guests whose names all sound alike, he inadvertently turns the world upside down for Messrs. Orton (Dudley Moore), Lawton (Bryan Brown), and Horton (Richard Griffiths). Calamity prevails when the trio—a mafia hit man, a clumsy real estate scout and a small-town mayor-turned-lothario—each find themselves traveling in someone else's shoes. The hit man is accidentally given directions to a dating service rendezvous; the amorous mayor is summoned to buy real estate instead of a

young escort; and the timid property scout picks up an assassination directive. From the moment they arrive in Venice, fate weaves a comic web for this trinity of travelers, and soon it's arrivederci to la dolce vita, in Hollywood Picture's new comedy "Blame It on the Bellboy." A Hollywood Pictures presentation in association with Silver Screen Partners IV, "Blame It on the Bellboy" is written and directed by Mark Herman, and produced by Jennie Howarth and Steve Abbott. Buena Vista Pictures distributes. The film is rated PG-13 and runs 78 minutes.



The Red Rover

The
Navy's
First
Commissioned
Hospital
Ship

Vol. 4 No. 7

Naval Hospital Oakland, California

April 15, 1992

April is Cancer Control Month

Oncology/Hematology Clinic gives special support to cancer patients

By JOSN Kyna S. McKimson

According to the Leukemia Society of America, an estimated 80,000 Americans will be afflicted with leukemia and other related diseases of lymphoma and multiple myeloma this year.

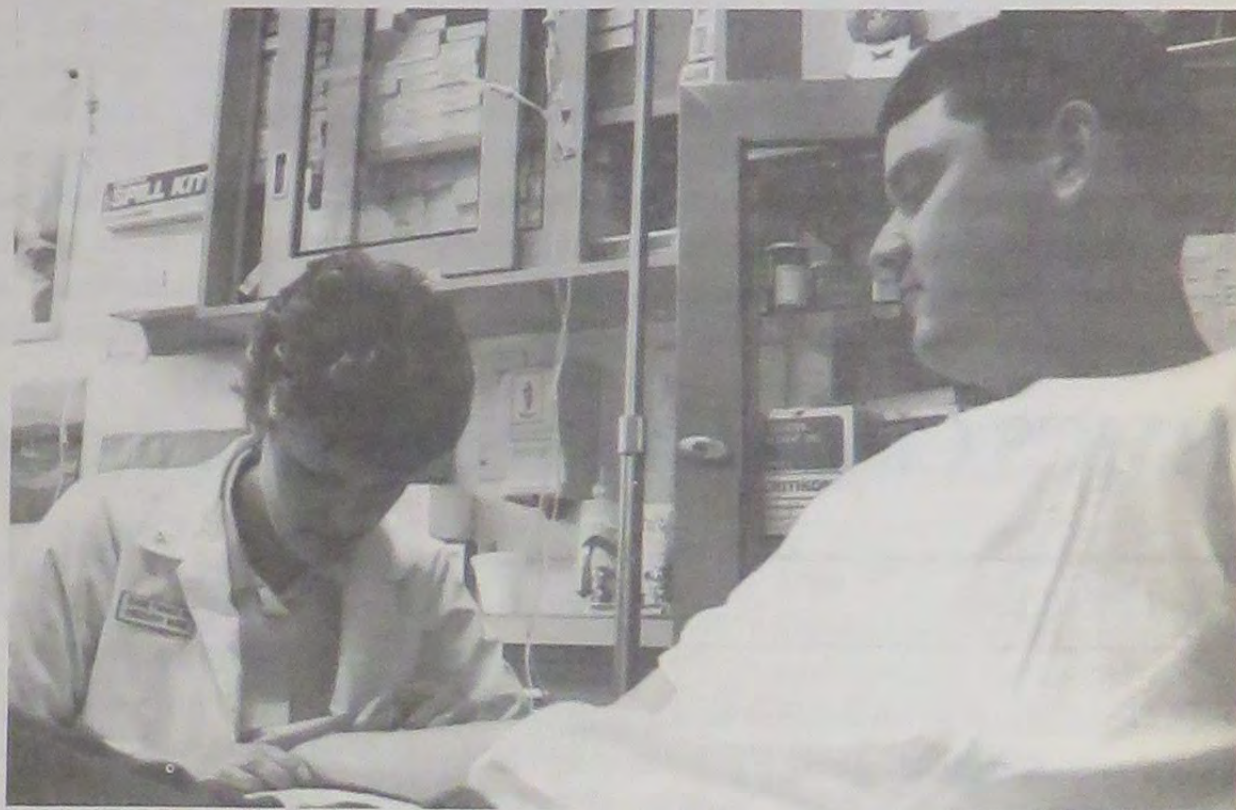
The Oncology/Hematology Clinic at NAVHOSP Oakland treats more than 120 patients per month, coming from as far as Reno, Nev., with diseases which include leukemia, breast cancer, colon cancer, testicular cancer and Hodgkins disease.

"Oncology was established here as a subspecialty, due to the increased population of retired and middle-aged people, and with this you are going to have cancer patients," said LCDR Howard L. Russell, MC, head of the Oncology/Hematology department. He added that

"As a benefit to our patients, we try to give them the maximum amount of chemotherapy to cure their disease, because a large number of cancers today are curable" stated Russell. "If we cannot cure the cancer, we try to give patients treatments to alleviate the symptoms of their diseases such as bone pain."

According to Russell, cure rate for cancers found today is about 50 percent. "When we talk about cure rate, we are talking about patients who show no signs of cancer after five years." He added that there is a difference between a cured cancer and remission. Remission is often used in the context of leukemia and chemotherapy. When a leukemia patient is in remission, the leukemic cells disappear following treatment, but there is no assurance that they won't return in six months.

Although the Oncology/Hematology



Susan Panko, RN, prepares to insert an IV into cancer patient Jerry Fosse for his chemotherapy treatment (Official U.S. Navy photo by JOSN Kyna S. McKimson)

and Leukemic Group C Study, which consists of lung and lymphoma cancer protocol patients."

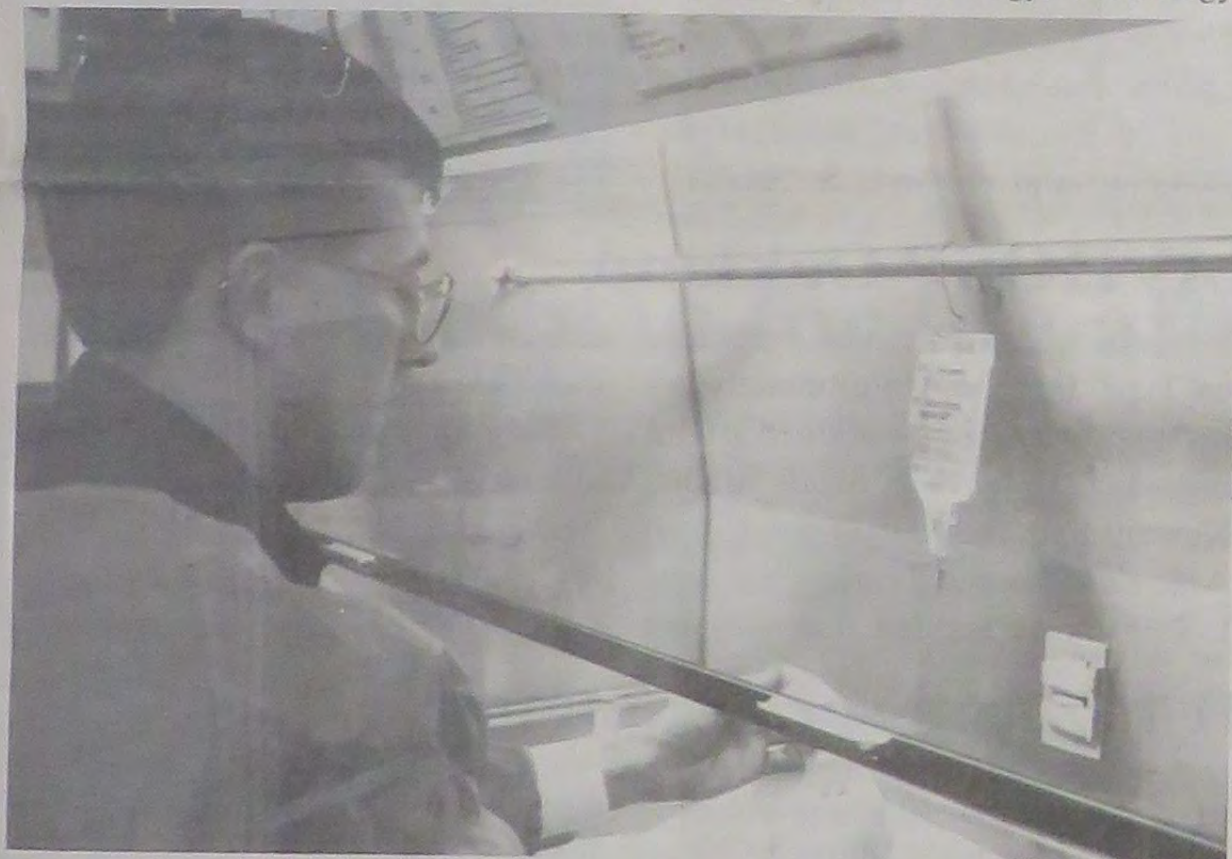
"There is a lot more involved with cancer for patients than just their treatment here," said Susan Panko, RN, head Oncology nurse. She stated that patients are referred to hospice organizations which treat the terminally ill; and they are also taught home care and prevention. "With cancer patients everything changes, but with all of our patients I seem to get the same response: Everyday a patient tells me that they are actually enjoying life; they don't take each day for granted anymore."

Panko said that along with treatment in their clinic, the staff of Oncology/Hematology also takes time to go to the wards

and interact with patients; they provide seminars for staff and patients; and they also talk with family members, giving counseling on how to cope. "For our patients it is good to come here and talk with other patients," said Sherry Yeley, assistant and former cancer patient. "They have someone to compare stories with and also someone to help them cope. In some cases family members have problems coping and understanding and they're not able to give support."

The Oncology/Hematology clinic is currently staffed by two military doctors LCDR Howard Russell and LCDR Martin Edelman; two civilian registered nurses, Susan Panko and Lisa Cox; HA Steve Walker and Sherry Yeley.

See Oncology staff pp. 4,5



HN Joe Baines of the Pharmacy prepares chemotherapy medication for the Oncology/Hematology clinic. (Official U.S. Navy photo by JOSN Kyna S. McKimson)

their clinic is seeing a large number of breast and colon cancers, but that they also treat numerous other types of cancer.

"We have our share of diseases that can be found in young adults, particularly because of our population," said Russell referring to the military population. The majority of active-duty and reserve personnel are 21 to 30 years of age. According to the U.S. Department of Health and Human Services, cancers normally found in young adults are Hodgkin's disease and testicular cancer. Hodgkin's disease is the most common form of lymphoma, which originates in the lymph nodes or the lymph tissue.

The treatment for cancers today include radiation, surgery and chemotherapy. Chemotherapy is the use of medications or chemicals with cancer-fighting abilities. It is often called the "anti-cancer" agent.

clinic treats a large number of common cancers, they also see unusual tumor cases. "I think because of the fact that we are a medical center, we get referrals from outside and because of the [younger] population that we treat," stated Russell, "but we continue to grow in our knowledge of cancers and their treatments."

"We can also give patients higher doses of chemotherapy and not worry so much about its toxicity on the patients because we have the medication to prevent their blood count from going too low, therefore lessening the cause for infection or complications."

"Currently our patients are part of two studies in experimental up-to-date care of cancer patients. The first is the National Surgical Adjuvant Breast and Bowel Program, in which we enroll our breast, colon and rectal cancer protocol patients, and the second is the Cancer

Savings Bond campaign

By LT. Terri Jones, MSC, USNR
Command Savings Bond Coordinator

It's time again for the Annual Savings Bond campaign. The campaign begins April 15 through May 29, 1992. Savings Bonds offer an easy way to save or invest, as well as build education and retirement funds for the future. Savers can choose from a wide variety of payroll allotments. Savings bonds come in denominations that fit every budget, from \$100 to \$1000—and they cost just one-half of their face value, so purchase prices start at only \$50 for a \$100 bond. There is never any fee to buy or redeem a Savings Bond, and they may be redeemed, without fee or commission, at any time after six months from issue date.

However, bonds held less than five years earn interest at a reduced rate. New Series EE Bonds have an original maturity of 12 years, the maximum time it takes a Bond to reach its face value. Interest earnings are based on market performance when an EE Bond is held five years or longer. But they earn no less than the minimum rate, now six percent, set at the time of purchase, if held at least five years. They are backed by the full faith and credit of the United States and can be replaced free if lost, stolen or destroyed. Bonds are not only good for buyers, they help our country as well. Savings bonds strengthen the national economy by increasing savings and reducing the cost of financing. Contact your department key persons to buy Savings Bonds and save.

April is Child Abuse Prevention Month

From the executive officer



April is "Beat the Quake" month here in California, marking eight years of increasing success in reaching California residents with vital earthquake preparedness information. Here at NAVHOSP Oakland, our annual disaster preparedness drill is slated for Thursday and Friday, April 16 and 17. BAYMED 92 incorporates the scenario of the Bay Area being hit by several severe earthquakes along two major faults...the San Andreas

and Hayward Faults. This is a large-scale drill incorporating coordination with both Letterman U.S. Army Hospital (LUSAH) and David B. Grant USAF Medical Center at Travis AFB. In addition, more than 300 casualties will be regulated through the Emergency Medical System of three counties involving military and civilian agencies.

Why do we do this each year? Yes, there is a Joint Commission on Accreditation of Healthcare Organization's (JCAHO) requirement to be met, but that isn't the main reason we put so much time, energy and effort into this annual drill. The fact is that we work and live in an earthquake-prone area. Recent history has shown us how vital it is that we continually test, refine and sharpen our disaster response system.

At 5:04 p.m. on Tuesday, Oct. 17, 1989, the San Francisco Bay Area was hit by a major earthquake measuring 7.1 on the Richter Scale. Severe damage was sustained to the San Francisco-Oakland Bay Bridge, a section of I-880 in Oakland and the Marina District of San Francisco. There were several fires in various parts of the Bay Area, and power and telephone/beeper

services were disrupted.

NAVHOSP Oakland and its branch medical clinics, LUSAH, David B. Grant Medical Center and the USNS Mercy (T-AH 19) quickly activated their mass casualty plans and stood by ready to receive casualties, both military and civilian. NAVHOSP Oakland and its branch clinics treated 56 earthquake-related casualties and performed 275 environmental health tests; LUSAH treated 80 earthquake-related casualties. NAVHOSP Oakland also played a significant role in assisting civilian authorities in search and rescue operations at I-880, while LUSAH provided care to residents of the Marina District and displaced people housed at the Presidio.

We were ready and able to provide significant help during the 1989 earthquake primarily due to our annual exercising of our plans. This year, as we once again test our procedures, I ask you to keep in mind that while this is only a drill, the real thing could occur at any time. Any improvements to the system we can make during the drill could potentially save lives during a real situation. This drill is a valuable training tool for our people. Let's make the most of this opportunity.

HMCS Chapman is recipient of the Semi-annual Leadership Award

By LaRell Lee

HMCS (SW/AW) Gary D. Chapman said that, during his 20 years' enlistment in the Navy, Naples, Italy, was his best shore station, but that his four years aboard the USS Peleliu (LHA-5) was both his best sea tour and his most memorable experience. Chapman, who was awarded the Semi-annual Leadership Award from Oct. 1-31, 1992, is the executive assistant for the director of Medical Services (DMS).

"My duties range from senior enlisted coordinator for 115 personnel to handling the equipment management," he said, adding that he also assists with an annual budget of 2.6 million dollars.

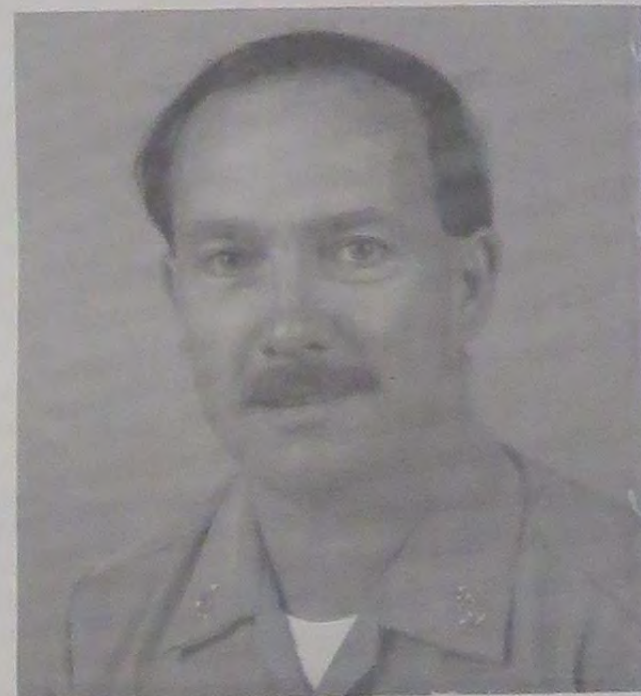
According to Chapman, a typical day starts at 6:30 a.m. and ends between 4 and 4:30 p.m. He said that he begins by doing paperwork and setting a schedule for the day's events — with most of his time spent working with the leading petty officers (LPO) for various clinics under DMS.

Chapman added that completing his bachelor's degree in Human Resources Management is both a personal goal and a goal that he feels will contribute to his overall job performance at NAVHOSP Oakland. "With the downsizing of the Navy," he said, "I feel that my work within the Team Training concept and the implementation of Total Quality Management (TQM) will help to build a stronger Navy and increase the abilities of the hospital to serve

its many patients."

HMCS Chapman joined the Navy in October 1971 while attending the University of Montana. He is happily married to LT Gail D. Chapman, MSC, a University of California Davis graduate. The couple have no children at the present time.

Congratulations to HMCS Chapman for his hard work, dedication, leadership skills and continued success at NAVHOSP Oakland and in the U.S. Navy.



Blood needed at NAVHOSP Oakland

The NAVHOSP Oakland Blood Donor Center will hold a drive on Tuesday, April 14 between 8 a.m. and 2 p.m. in 5 North, Building 500.

Due to military and civilian shortages, your donor support is needed at this time. All blood types are in

demand, with a particular emphasis on Type O blood. Unfortunately, all personnel who were stationed ashore or had shore leave in Saudi Arabia, Kuwait, Iraq, Bahrain, Qatar, United Arab Emirates and Yemen since Aug. 1, 1990 are reminded that they are

temporarily deferred from donating their blood until further notice.

Point of contact for further information is HM2 Nelson-Cris Delacruz, who can be reached at 510/633-5531.

USNS Mercy (T-AH 19) sponsors reunion

The USNS Mercy (T-AH 19) officer in charge, Medical Treatment Facility, invites all personnel and their families who were part of the ship's company during Operations Desert Shield/Storm and the 1987 Humanitarian Deployment for an onboard reunion April 25. The day's events will

commence at 10 a.m. and end at approximately 4 p.m. Those individuals who plan to attend should RSVP by mail to: **Officer in Charge, Attn: LT M.A. Anaya, Medical Treatment Facility, USNS Mercy (T-AH 19), FPO AP 96672-4090.**

They can also RSVP by telephone,

commercial (510) 302-3718, autovon 672-3718 or fax (510) 302-3723. Many fund-raising events will take place in the near future. If you would like to volunteer to assist, please contact **LCDR Carol Bohn, NC, at (510) 633-5965** — Naval Hospital Oakland's Quality Improvement Coordinator.

Red Rover

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Naval Hospital Oakland has

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Call (510) 633-6000
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Defense budget stresses no more troop cuts

By Master Sgt. Linda Lee, USA
American Forces Information Service

DoD stresses people in its 1993 budget proposal, not high-ticket weapon systems, said Defense Secretary Dick Cheney.

That's not to say DoD is cutting funding for weapons production and development. What it is doing, said Cheney, is canceling programs and changing the way it purchases others.

To pay for its personnel programs in fiscal 1993, DoD has proposed a budget of \$77.1 billion, more than 25 percent of the overall \$267.6 billion budget.

Cheney explained that the proposed budget, now sent to Congress, allows DoD to continue downsizing its force without jeopardizing national security, while at the same time treating military personnel fairly.

"Today's defense challenges can be met by a much smaller active and reserve force. This base force acknowledges the changing world order, domestic fiscal constraints and the needs of

the new national strategy," said Cheney. "It calls for a smaller but highly capable military that would allow us to respond to regional contingencies around the world."

As part of its worldwide drawdown, DoD will lose about 25 percent of its active-duty personnel by the end of fiscal 1995. This will leave about 1.6 million people on duty. Also, DoD will lose 200,000 civilian and 200,000 reserve component positions.

One big challenge facing DoD today is how to drawdown the force, maintain an even balance and yet be fair to the people who leave and to those who remain in service, said Christopher Jehn, assistant secretary of defense for force management and personnel.

The voluntary separation programs, which offer various financial incentives to individuals, is one way DoD hopes to cut the force without resorting to involuntary separations, Jehn said.

DoD had originally sched-

uled reducing the military force by about 88,000 in fiscal 1993, said Jehn. But under the fiscal 1993 proposal, the force will lose 138,000 people.

Both the speed and extent of the military drawdown has changed from last year to the 1993 budget proposal, Jehn said. DoD has speeded up the drawdown this year, "but the change isn't as large as it sounds." Many of these people are reserve personnel called to active duty for the Persian Gulf crisis who will be demobilized soon.

The only real change, said Jehn, is the Army's end strength for fiscal 1993, which will be about 20,000 people less than originally scheduled. He believes voluntary separations can take care of most of this reduction.

The transition-assistance programs "continue to honor the principles" of fairness to people leaving the service, said Jehn. Among the benefits are short-term medical care and exchange privileges, said Jehn.

"We are taking the force down now just as rapidly as we can take it down without breaking it," said Cheney.

"They'll (service members) suffer if you try to take it down any faster, because we won't have any choice then but to actively engage in reductions in force."

"But you'll also destroy the morale of the force, you'll destroy that combat capability that was so impressive in the gulf last spring ...also it would be just plain stupid from the stand point of national security policy."

Both Cheney and Jehn stress that one thing to keep in mind when reducing is this is the all-volunteer military.

"Nobody's ever taken down an all-volunteer force before. It's always been a large draftee army or service that we were cutting back," said Cheney. "There is a special obligation, I think, to try to do it in an intelligent fashion."

A 3.7 percent pay raise for both military and civilian employees for 1993 is in the proposed budget, said senior defense officials. "It's a good pay raise," as it continues the momentum set during the last five or six years in providing quality pay and allowances, said Jehn.

Pay raises are also planned

for 1994, 4.7 percent; 1995, 4.7 percent; 1996, 4.5 percent; and 1997, 3.5 percent.

The fiscal 1993 budget proposal also maintains the defense secretary's commitment to maintaining a quality force by providing adequate funding for military training and child-care programs. Jehn said child-care funding will be adequate to maintain staffing and quality over the next few years as DoD works toward the requirements in the Military Child Care Act.

Morale, welfare and recreation programs will continue to receive some appropriated funding.

This budget proposal did not include a stateside cost-of-living allowance for military personnel, said Jehn. This doesn't mean the idea might not surface sometime in the future as part of a larger compensation package, as his office continues to study overall military pay and allowances.

Senior DoD officials said details on DoD's 1993 proposed personnel programs should be available soon.

Develop a plan for life after your Navy career

By William G. Fitzpatrick

WASHINGTON (NES)... Have you really decided what you want to do when you grow up? Many veterans who are leaving the service are going through the process of trying to answer that important question for themselves and for their families. It's not an easy question, and the answers are

There is an old saying that states, "He who only plans is a dreamer..." That could best be finished by adding, "but he who only plans without knowing where he is going, will never get anywhere."

not always easily defined.

Many of the more than 200,000 people who leave the military service each year have planned their future

fairly well and make a smooth transition to the civilian work force. Others wind up wasting important time. Planning for a smooth transition to civilian life and finding a great job requires serious goal setting. It is important to develop a solid marketing plan to help in finding meaningful employment. You can't develop a plan if you don't know where you are going. Goals are as important as the plan itself. If you wait until you have just driven out the gate at 90 miles per hour, waving you papers at the gate guard to decide your future plans, you aren't going to be very successful.

There are really only three professional goals: money, location and position. That seems easy enough. You ought to be able to find just the job you are looking for, at just the right amount of money and you ought to be able to live anywhere you want. Unfortunately, it's not that easy. Most people are not able to realize all three of these goals in equal precedence, so some serious discussion and perhaps some soul searching has to take place early in the transition process. For intelligent choices to be made, each goal has to be examined with a

sense of reality.

Here are some thoughts:

Money

How much is needed, how much is wanted and how much are you worth? Are you trying to build a nest egg for the future, or do you have four children to support and need a specific income? Are you willing to work for commission-based compensation or must you have a regular check every two weeks? Two important points to remember are that no one ever got rich in America working on salary, and workers are only worth what their skills are worth in a given marketplace.

Location

Many people in transition want to live in a specific city or town. This is generally driven by property ownership, spouse employment, family interests or simply because of a personal desire to live in that area. This can have an important impact on job opportunities and income. Understand that cities like New York, Chicago, Atlanta or Dallas offer a lot more employment opportunities and much greater income possibilities than small town USA.

You should also understand that cost of living tracks median income levels in most cases. A problem that retirees face is the desire to settle in areas near military bases to take advantage of base facilities and medical treatment. This places them in direct competition with many others in the same career fields and skills, so job choices become scarce. Further, many employers in areas with a high density of military retirees sometimes offer less money because retirees get that check from the government each month.

Position

Deciding what type of job to look for can be a real challenge. Some important questions must be answered concerning specific qualifications an individual has to offer.

*What is the market for different types of jobs in a given geographic area?

*What level of experience in a career field can be brought to the new company?

*Are you fully qualified for the job you want?

*What do you want to do?

*Although many people know exactly what they want to do, many are still

wondering.

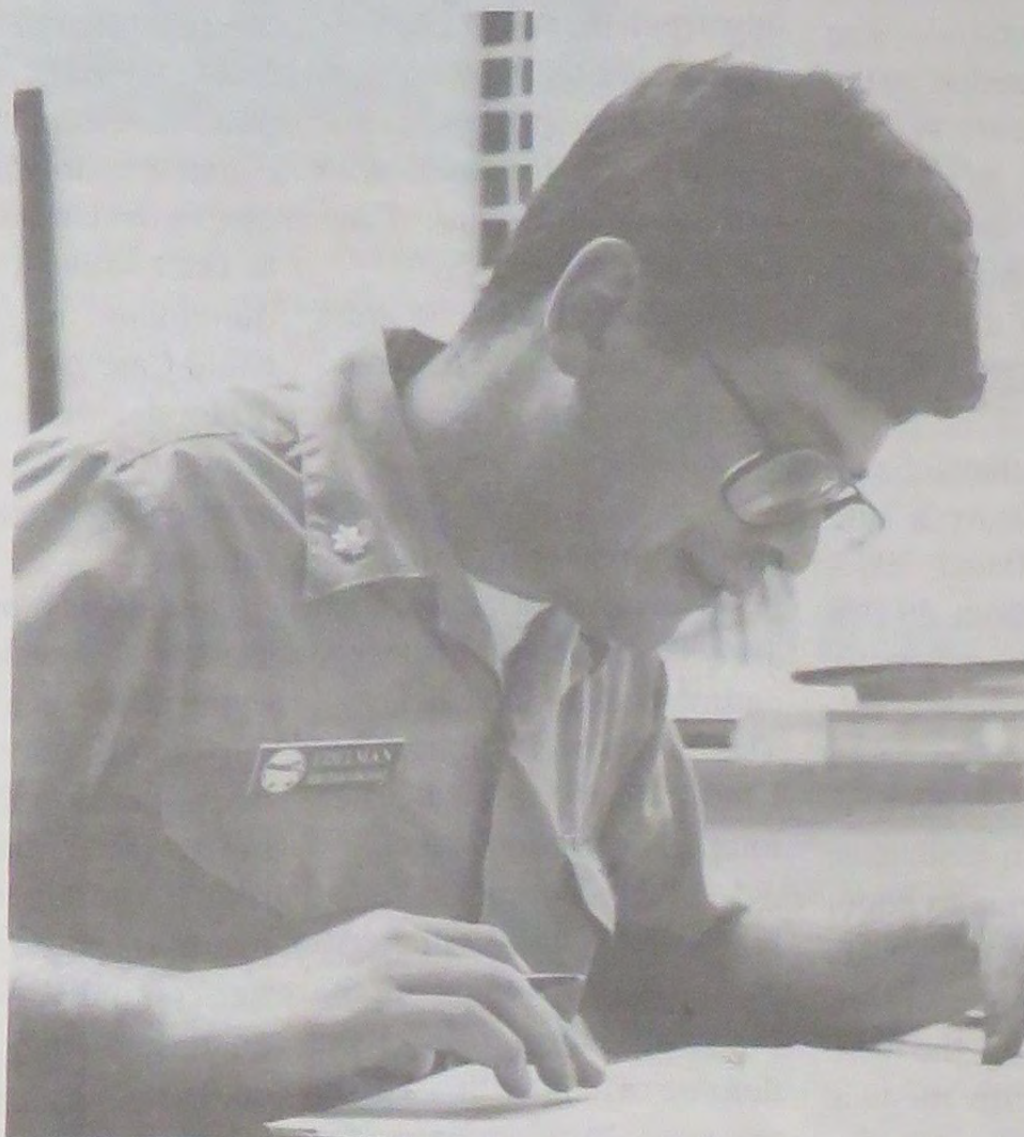
Assets should be determined as early in the process as possible to determine what you are qualified to do. Remember, people don't get hired for what they can do, they get hired for what they have done. Professional career counseling may be helpful in answering these questions.

Each of these goals should be examined and discussed with the entire family long before undertaking the job search. Realistic decisions have to be made concerning the relative priority of each, and then a plan can be put together to go after the most important. There is no use looking for a job in San Francisco when you are really tied to Junction City, Kan., by your spouse's employment prospects or by that home you bought in 1972.

There is an old saying that states, "He who only plans is a dreamer..." That could best be finished by adding, "but he who only plans without knowing where he is going, will never get anywhere."

Fitzpatrick is director of Career Programs for the Non-commissioned Officer's Association, Tarpon Springs, Fla.

Oncology/Hematology



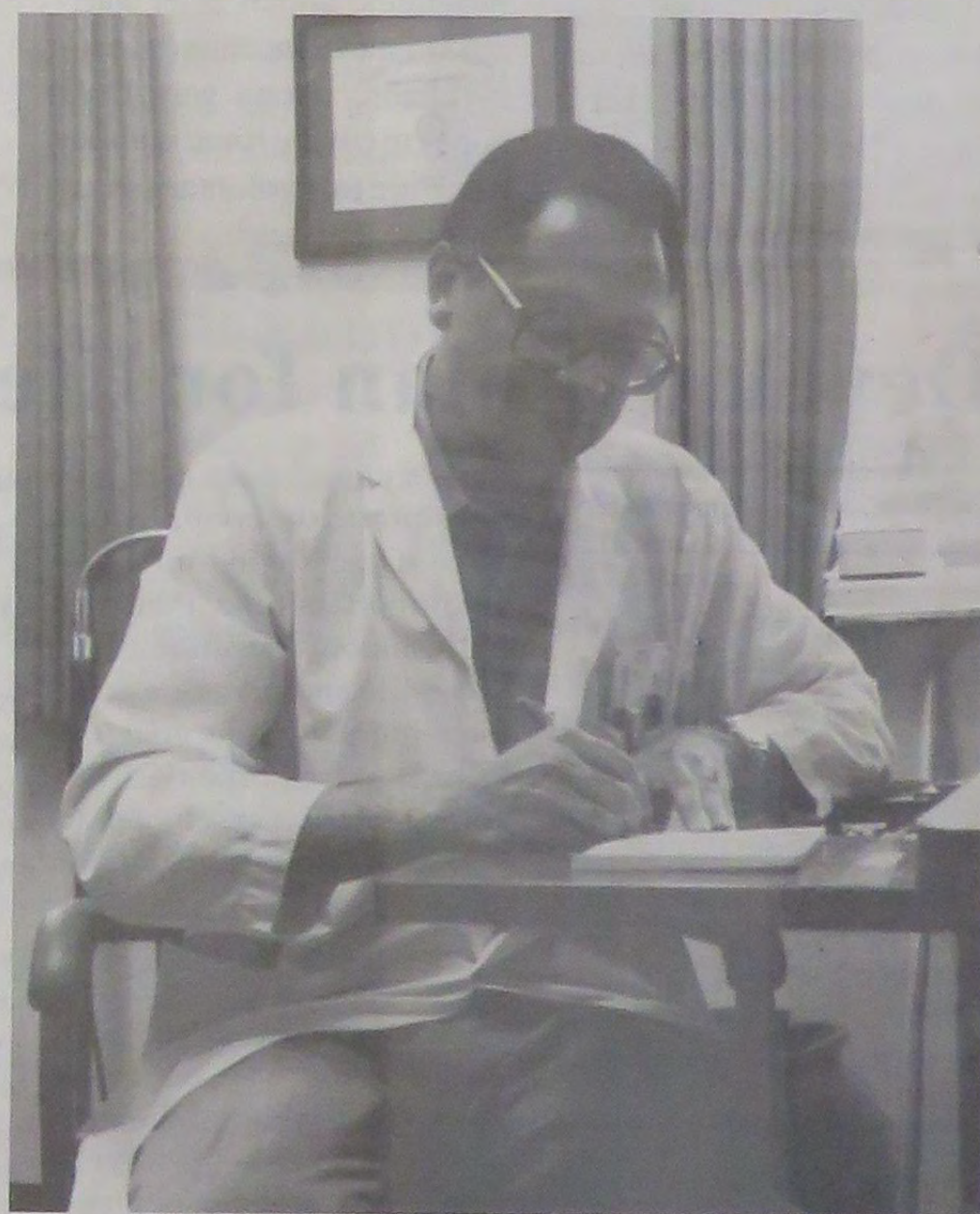
LCDR Martin Edelman, who is one of the staff physicians in the Oncology/Hematology Clinic evaluates a patient's records.



For Sherry Yeley, who is a reservist and former cancer patient, working in Oncology is a very gratifying experience. She helps a lot of younger active-duty cancer patients because she can relate to them so well.

Yeley is in charge of answering phones, finding charts/x-ray labs, counseling with patients and also being a support system for them.

"I would like to be an Oncology nurse and help others who have to face a big change in their life (cancer)" says Yeley. By returning back to school she hopes someday, to accomplish this goal.



Being stationed in the Persian Gulf during Operation Desert Shield/Storm is Medical Corps officer, LCDR Howard L. Russell's, most memorable experience. But he said that talking with cancer patients and their families, telling them the disease is fatal, is the most challenging aspect of his duties.

Russell, who is head of the Hematology/Oncology Clinic, added that he is responsible for clinical and administrative duties, and that he is principal investigator for the National Surgical and Adjuvant Breast and Bowel Project (NSABP). On a typical day, "I start with internal medicine morning report," he said. "Then, I go back to the office to see new and returning patients. I also make numerous phone calls, see inpatients and new consults and write chemotherapy orders."

One of Russell's immediate goals is to move chemotherapy to a larger space. He stated that his contribution to the mission of NAVHOSP Okland is to provide quality medical care to active-duty servicemembers and their dependents, as well as to retirees.

aff..... from page 1

Photos by JOSN Kyna S. McKimson

Text by LaRell Lee



Susan Panko serves as an Oncology nurse specialist. She treats 120 patients per month and teaches input nurses mini-chemotherapy certifications. Oncology nurse specialist Panko is an expert on vascular access devices and patient education.

When she's not doing research studies on protocol patients for the Northern California Oncology Group and the National Surgical Adjuvant Breast and Bowel Program, a typical day for her includes doing treatment and grief counseling for up to 10 patients a day.

By helping cancer patients through chemotherapy treatments, educating corpsmen and nurses and setting a good example, Susan Panko feels that she is definitely making a contribution to the mission of the Navy and especially to NAVHOSP Oakland. Susan Panko is presently a reservist.



Steve Walker joined the Navy in July 1990 because he wanted to see the world and get money for his college tuition. He also knew the Navy would be the right place for him to get the medical experience he was looking for.

His main job at work for him is doing information retrieval. This involves a lot of paperwork and anything needed to make a patient comfortable during a chemotherapy treatment. Working in Oncology has given him experience in pharmacy charting, patient contact and managing IV's.

According to Walker, the most challenging part of his job is keeping track of many duties while, at the same time, seeing to each patient's individual needs. He plans to further his education in the future and contribute to NAVHOSP Oakland by utilizing his knowledge.

(Editor's Note: Lisa Cox, who is a registered nurse in Oncology/Hematology was absent at the time of the interview and couldn't be included.)

Naval Hospital Oakland Orthopaedic Department Up Close



LT Jonathan D. Main , MC

What is your job? I am in charge of emergency, urgent and routine orthopaedic care, active care clinic, orthopaedic inpatient consultations, surgery, pre-op evaluations, medical boards, research, ward care, conferences, outlying clinics, allograft tendon pre-tensioner, MEDEVAC transfers, quality assurance, morbidity and mortality reviews. I am also onboard watch every three-to-four nights.

Marital Status: Married to ENS Jeane Louise Pratt.

Hometown: Chicago, Ill.

Hobbies: Sports such as running, mountain biking and hiking. Also crafts like carpentry, furniture making, painting and beer brewing.

Likes: Fast cars.

Dislikes: Medical boards.

What is the most challenging part of your job? Staying off lists.

What is your immediate goal? To finish "walk-in" clinic today.

What is your long-term goal? To be a total quality leader (TQL) in Orthopaedics.

If I could do it all over again, I'd: Check out those guaranteed student loans.

I wish I could stop: Those little yellow stickers.

I respect myself for: Maintaining my sense of humor.

Role models/heroes: Dr. W. E. Deming, Ernest Hemingway and Atilla The Hun.



HM3 Stu Allen

What is your job? I am one of the senior technicians in charge of student training and education. I am also leading petty officer of adult hip/knee reconstruction service.

Marital status: Married to Cindy Allen.

Hometown: Worthington, Ohio.

Hobbies: Sports such as weight lifting, skiing, etc.

Likes: Working with kids and elderly people.

Dislikes: Rude people.

What is the most challenging part of your job? Solving problems.

What is your immediate goal? To do the best I can in the Orthopaedic Clinic by teaching the students all I know and have learned over my three and a half years in the department.

What is your long-term goal? To go back to school at Ohio State and obtain an orthopaedic degree.

If I could do it all over again, I'd? Have applied myself earlier in school and would have gone directly to college.

I respect myself for: The tactful way I deal with problems and people.

Role models/heroes: My parents and Norm from "Cheers".



Therese V. Segura , LVN

What is your job? I assist the doctors when needed; see that the clinic is run as smoothly as possible; file and answer the phone. I am also the clinic's patient contact representative, peacemaker, etc.

Marital status: Divorced.

Children and ages: Shaye and Cynthia (35-year-old twins), Toni (33), Rose (31), Alfred (30), Tina (29), David (27), Vincent (26), Sean (25) and Tiffany (21).

Hometown: Los Angeles, Calif.

Hobbies: Crafts and gardening.

Likes: Doing things for others.

Dislikes: People who tell lies.

What is the most challenging part of your job? Getting the staff to turn in their Personnel/Staffing Data Sheets monthly. It's like pulling teeth.

What is your immediate goal? Here, at work, it is to run the Orthopaedic Clinic smoothly. At home, to finish working on my home by building a new fence and painting.

What is your long-term goal? To open a bed and breakfast inn with my sister.

If I could do it all over again, I'd? Not have gotten married so young.

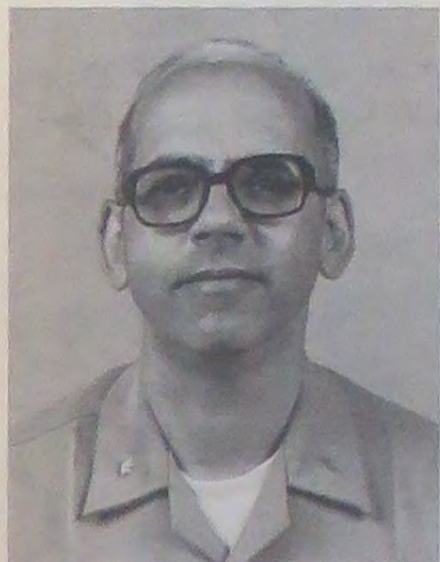
I wish I could stop: All the poverty and hunger in the world.

I respect myself for: Raising my ten children (who incidentally are the greatest) without any big problems, by myself, while completing my nursing education at the same time.

Role models/heroes: My grandmother and Mother Theresa.

From the Chaplain

By CDR Peter Nissen, CHC



one for the farmer! The blue blossoms of the harmful cornflower means that his crop could be one-third less than usual. You see, there is no way of rooting out those attractive weeds without seriously hurting his wheat field. Another worry is that the tourist will trample down his grain trying to pick the beautiful blue blossoms.

Why did God make this weed so attractive and yet so harmful?

To the Dutch farmers the cornflower is seen as a mistake in nature, something that they find difficult to accept that God would even think of creating. I know God has done this to teach us all a lesson.

God permits the same sort of situation in the field of human beings. The great majority of people are trying to do their best. We are honest, kind, God-fearing and clean of heart. Yet we do find people who make no

effort to be good wheat, good persons. And many times their way of life may seem attractive. Often they prosper, they succeed, they seem to thrive. They have comfortable homes and pleasant times. They are attractive weeds like the cornflower.

God reminds us that the good and the bad grow side by side in nature. God does this so that we can understand the same sort of

thing is true with us. God reminds us of this because he is just and compassionate to all. His goodness and light shine on all. In one of the Psalms we are reminded, "You, O Lord, are a God merciful and gracious, slow to anger, abounding in kindness and fidelity."

There is one big difference between the weeds and the wicked. The weeds cannot be

changed. They always stay the same sort of plant; the wicked do change. We must never be too judgmental of each other remembering that it is God who judges us. And we must be patient enough to realize that people do change.

People do change when they see God's goodness reflected in us!

April is Earthquake Preparedness Month

Earthquake "duck, cover and hold tips"

* If you're in a crowded store or other public places, do not rush for the exit. Move away from display shelves containing objects that could fall.

* If you're in a wheelchair, stay in it. Move to cover; if possible, lock your wheels and protect your head with your arms.

* If you're in the kitchen, move away from the refrigerator, stove and overhead cupboards. (Take time NOW to anchor appliances and install security latches on the cupboards' doors to reduce hazards).

* If you're in a stadium or theater, stay in your seat and protect your head with your arms. Do not try to leave until the shaking is over; then, leave in a calm and orderly manner.

Due to NAVHOSP Oakland's participation in this year's disaster drill, BayMed 92, all outpatient clinics will be closed for routine appointments the morning of Thursday, April 16. Normal operating routine for the clinics will resume that afternoon.



California Earthquake Preparedness Month
Beat The Quake!

Holland is famous for its fields of flowers. In many places they stretch as far as the eye can see. Their delicate and varying colors are a delight to everyone. There is one especially beautiful scene to be found mainly in the south of Holland: a wheat field in June. The soft, green waves of wheat turning to gold are tinted here with the contrasting blue of the cornflower.

The scene is a poet's and painter's paradise. But it is a sad

Diet corner

Nutrition Fraud - Don't let it get to you

By Bonnie Slater, Student Dietician

As more Americans become health-conscious, businesses respond to the desires of the public with claims of miracle treatments and cures. We as consumers need to be able to distinguish between the fraudulent sales hype and the honest claims put forth by some sources. How can we do this?

The best protection against fraud is being an informed consumer. Most victims are not gullible, but are unsuspecting. What people hear over and over in the media and see in magazines and books is what they tend to believe. There is a lot of nutrition information being passed out, some of it reliable and some completely inaccurate. Some general guidelines for testing the reliability of your information are:

* Check the author's qualifications. Anyone can call themselves a nutritionist, but it takes special training to earn the title of registered dietician. Often medical professionals write books about nutrition, but their specialized training was geared to becoming a nurse or a doctor. It is important to have a background in nutrition when giving information or advice to the public.

* Does the author give references or evidence to support the claims that are made? The field of nutrition is closely linked to science. There are many studies done to support the claims made by professionals in the

field of nutrition. Reliable journalists should document their statements with references to scientific journals.

* Why was this information published? Is an author or a company trying to sell you something? Read labels and packaging: Does it make a claim that sounds too good to be true? It probably is. Is a magazine article followed by an advertisement for the same product discussed in the article? Could there be a sales motive? The consumer must critically analyze what is being presented.

* How is the information reviewed by knowledgeable professionals? The judgment of registered dieticians and/or qualified nutritionists connected with a college, university, hospital or health department can be helpful. Make use of the reliable resources available to you.

Be an aware consumer. The health food industry has become big business in California. There are many products, magazines, books, etc. that present reliable, accurate information. But there are equally as many that make fraudulent claims. Their motive is often to relieve consumers of their hard-earned money. In addition, depending on the product, the consumer may experience harm.

As consumers we need to be aware and use some good common sense. If we have a complex problem like weight loss or high cholesterol, there isn't going to be a simple answer like taking a pill or eating ten carrots a day. Look for reliable information from qualified professionals.

Child Abuse Prevention Month

By JOSN Kyna S. McKimson

Each year the Family Advocacy Office at NAVHOSP Oakland offers counseling and support to over 700 patients involved in family violence situations.

"Family Advocacy is a program geared toward the identification, protection and treatment of patients involved in family violence. Family violence is defined as spousal abuse, child abuse, child neglect, child sexual abuse and interfamilial abuse," said William Collins, supervisory social worker. Collins is responsible for the Family Advocacy program at the hospital and its underlying branch clinics. He is also the coordinator for the Regional Child Abuse Response Team.

"We treat a wide range of cases, from individuals who neglect their children by locking them in a car, to situations where a family member sexually assaults his or her own child," stated Collins. He added that currently, Family Advocacy representatives throughout the nine bases NAVHOSP Oakland covers, have seen or are working with a total of 775 patients. Of those cases 40 to 50 percent are child abuse cases, he said.

In recognition of Child Abuse Prevention Month, the Family Advocacy Office is sponsoring seminars that started April 6. The remaining seminars will be held April 13 and 20 in the Clinical Assembly from 9 to 10 a.m. Collins stated that the seminars are open to all medical staff, military and civilian, to familiarize them

with procedures for identifying and handling child abuse cases.

"If a person has a situation of child abuse or other family problems, staff at the hospital can get them in contact with a child protection agency or law enforcement agency," said Collins, adding that there is 24-hour coverage at NAVHOSP Oakland for families involved in child abuse or other family violence situations.

The Family Advocacy Office is located on the east wing of the ninth floor in the main hospital, and can be reached at (510) 633-5384. After working hours, people involved in family situations can call the hospital at (510) 633-5440.



Training opportunities at NAVHOSP Oakland

Learn how to handle hazardous material/hazardous waste

A mandatory training session is scheduled for Tuesday, April 14 from 8 to 10 a.m. in the Clinical Assembly for each department's safety/hazardous waste representative. It is recommended that the department head and an alternate representative attend as well. The training is conducted by LT Cynthia Manning, the hazardous waste manager, and covers types of waste, their physical properties, handling containers, labeling, spills, storing, etc. The importance of such training was evidenced by the three recent hazardous substance releases in the hospital. Contact LT Manning at 633-6300 for more information.

NADSAP classes

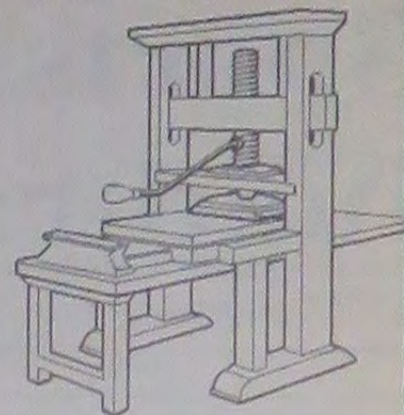
The Navy Alcohol and Drug Safety Action Program scheduled for April 20-24 will be held in Building 75, Room 1. Personnel who signed up for this course will muster with the NADSAP facilitator at 7:30 a.m., Monday through Friday.

Upon completion, course participants may acquire two semesters of college credit through the American Council on Education (ACE) catalog. Point of contact for further information is HMC Crispin Romero at 633-4946.

Basic supervisory development course

Scheduled for the week of April 20-24, this course is required for all individuals who supervise civilian employees. It covers the basic personnel management skills of Recruitment, Placement, Payroll and Positions Management, Employee Training and Development, Equal Employment Opportunity, Employee Relations, Labor Management Relations, Performance Management and Safety. Supervisors, military and civilian, who have not had this training are urged to attend. They can be nominated by memorandum to the Civilian Personnel Division by April 10. After that date nominations can be made on a space available basis. Point of contact for further information and nomination is Sydney Santos at 633-6374.

Oak Knoll Briefs



Admiral's Call

The quarterly Admiral's Call will be held in the Clinical Assembly, as follows:

Monday, April 13 8:30 a.m. MC, DC
1 p.m. MSC, CHC
SC, JAG/CEC

Tuesday, April 14, 8:30 a.m. E-1 to E-3
10 a.m. E-4 to E-6
1:30 p.m. E-7 to E-9

Wednesday, April 15, 8:30 a.m. Civilian
Personnel
1 p.m. NC

Please coordinate your schedules so that you will be able to attend the time set aside for your group. Point of contact is the command master chief's office at 633-5324.

Going TAD?

Personnel going TAD who wish to depart from Oakland Airport must show their home address on their TAD request. Addresses will be placed on the orders by PSD, allowing members to leave from Oakland rather than from San Francisco. Without the addresses, they could be scheduled to depart from San Francisco if it is more advantageous to the government.

Registering for dependent care

Staff officers or enlisted personnel in the following categories should report to Military Personnel, Building 73A, to complete a Dependent Care Certificate:

* Single sponsor - A Navy member who has dependent(s), 18 years or younger, incapable of self-care and physically residing in the member's household.

* Military couple with dependents - Active-duty service members married to each other, who are jointly responsible for the care of dependent(s), 18 years or younger, incapable of self-care and physically residing in the members' household. Point of contact for further information is HN Joe Baines at 633-6522.

Civilian retirement funds inch upward

All three of the Thrift Saving Plan funds inched upward in February. The C Fund, invested in stocks, increased 1.29 percent for the month, almost reversing the 1.89 percent drop in January. The F Fund, invested in bonds, got half of its January drop back, moving up .66 percent. It had dropped 1.35 percent in January. And the slow-but-steady G Fund, invested in special U.S. Treasuries, went up .56 percent. It was up .57 percent in January.

Computer game play in workplace must be approved by CO

NAVHOSPOAKINST 5239.1A states that use of privately-owned software in the command-controlled workplaces will be permitted only with prior written permission of the commanding officer (CO). Since computer games fall in this category, they are not to be used on the hospital's microcomputers without CO's approval. Points of contact in the Automatic Data Processing (ADP) Security Department for further information are ENS Paul Carlson at 633-6160 or Mary Cumbee at 633-4919.

Sports fund-raisers

Take a walk for the Human Race

For over 15 years, the Volunteer Centers of California have coordinated an annual event known as the Human Race. The Human Race is organized locally by individual volunteer centers in more than 20 countries and serves as a major fund-raiser for nonprofit organizations including community service agencies, schools, churches, civic groups and health care providers.

San Francisco's 1992 Human Race is coming up, and it represents an opportunity for you to take part on behalf of your favorite cause. The Volunteer Center of San Francisco seeks participants to help make this year's event our largest and most successful ever.

Date: Saturday, May 9, 1992

Event: 10-kilometer walk

Location: Route departs Ft. Mason's Great Meadow to the west, follows Marina Boulevard past the Marina Green and continues along Crissy

Field to Ft. Point. Walk returns to the Great Meadow via the same route.

Time: Registration (at Great Meadow), 10 - 11 a.m. 10-kilometer walk, 11 a.m. to approximately 1:30 p.m. Post-walk picnic, 1:30 p.m.

How it works: Participants obtain individual sponsors in order to raise funds for their favorite nonprofit organization and for the Volunteer Center. The funds raised by the Human Race enable dozens of agencies to maintain and/or enhance the services they provide to the Bay Area.

Participants are treated to a post-walk picnic and refreshments at Ft. Mason's Great Meadow and also receive a 1992 Human Race T-shirt. Top individual fund-raisers receive prizes provided by a variety of Bay Area businesses.

For pledge forms and additional information, call the Volunteer Center of San Francisco at (415) 982-8999.

UC Berkeley Naval ROTC sponsors 16TH annual Nimitz run

DAVIS, CA — Come challenge yourself on April 25. Participate in one of the greatest 5k/10k runs in the Bay Area. Enjoy the breathtaking scenery of San Francisco running the 5k along Treasure Island's seawall. For the hardy, the 10k tackles the challenges of Yerba Buena Island, up and over the Bay Bridge tunnel.

Runners will receive a complimentary T-shirt, refreshments and the chance to compete for awards. Trophies will go to the top man and woman in the 5k and 10k. In each division, medals will be awarded to the first and second place finishers and ribbons will be awarded to the third, fourth and fifth place finishers. The six divisions are: 5-16, 17-29, 30-39,

40-49, 50-59 and 60+.

For those who enjoy the companionship, the option of forming a four-member team is open to those in the 10k run. Medals will be given to each member the top three teams.

The run is sponsored by the Naval ROTC unit at UC Berkeley. It starts at 9:30 a.m. on Saturday, April 25. Race day registration for \$15.00 begins at 7:15 a.m. at Treasure Island Naval Station. Pre-registration for \$12 can be made by mail to: A Change of Pace, 221 G Street, Suite #205, Davis, Calif., 95618.

The race hotline can be reached at (916) 757-6017 for further information.

MSCPAC 3rd annual golf outing

Military Sealift Command, Pacific (MSCPAC) is hosting its third annual golf outing to benefit Navy Relief and other East Bay charitable organizations on Wednesday, April 22, at the San Ramon Royal Vista Golf Club. All net proceeds from the golf outing and dinner will be turned over to the nonprofit organizations.

The outing will be followed by a sit-down dinner at the golf club. Dinner will be followed by the presentation of awards - but no big speeches! By the way, all participants who attend the dinner portion of the event will walk away with a prize.

Some special notes:

* Ladies are strongly encouraged to participate in the event and attend the dinner.

* You can choose to attend only dinner if you want.

* The shotgun start is set for 12:30p.m. Please check in by 11:30 that morning.

* If you want to play with certain individuals or groups, please include the name(s) on the application form.

* Corporate sponsorship of holes is available upon request. The cost is \$100 for a single tee and \$50 for a shared sign. Prizes may also be donated.

Army Emergency Relief golf outing

Army Emergency Relief is sponsoring a golf outing and dinner to anyone interested in participating. The event is scheduled for May 8, at noon, check in at 11 a.m., with a dinner and awards ceremony to follow at 6 p.m. It will be held at the San Ramon Royal Vista Golf Club, 9430 Firecrest Lane. Cost for dinner, cart and tee prize is \$58. Cost for golf only is \$35 and for dinner only is \$30.

To avoid unnecessary delays on the day of the outing, please make your reservations by phone to one of the following people: Orla Newton (510) 466-2381, Brian Sundin (510) 466-2283, Tom Taylor (510) 466-2164 or Jim Lunn (510) 551-

3329. After making your reservation send a check to cover your expense (made payable to "AER Golf Outing") to:

HQ, MTMC WA-O
Attn: COL Terry Yon
Oakland Army Base
Oakland, CA 94626-5000

All checks must be received no later than April 30, 1992. Donations to the Army Emergency Relief Fund are greatly appreciated. Corporate sponsorship available upon request.



Champus News

CHIROPRACTIC TEST ENDS IN COLORADO, WASHINGTON—The test, or "demonstration" project on chiropractic care that CHAMPUS has been conducting for the past two years in the states of Colorado and Washington ended March 31.

The aim of the project was to test whether or not chiropractic care should become a permanent CHAMPUS benefit. Data gathered during the two-year test will be documented in a report.

Other than during the period of the test project in Colorado and Washington, CHAMPUS does not share the cost of chiropractic care.

CHAMPUS DOESN'T COVER OVER-THE-COUNTER DRUGS—Medications that you can buy without a prescription aren't cost-shared by CHAMPUS. Even if a physician writes a prescription for a medication that you can buy "over-the-counter"—that is, without needing a prescription—CHAMPUS won't help pay for it.

CHAMPUS COVERS COCHLEAR IMPLANTS—Cochlear implants are electronic instruments, parts of which are surgically implanted to stimulate auditory nerve fibers and parts of which are carried or worn by a person to capture and amplify sound. Food and Drug Administration-approved cochlear implants are covered (one implant per patient) for services obtained on or after March 2, 1988 by adults aged 18 and over who suffer from profound deafness that occurred after they had learned to speak, and who don't benefit from the use of normal hearing aids.

The implants may be covered, effective June 27, 1990, for children aged 2 through 17 who are profoundly deaf in both ears, and who don't benefit from standard hearing aids. There are other guidelines to meet as well for CHAMPUS to cover cochlear implants. Check with your nearest Health Benefits Advisor for details. At NAVHOSP Oakland, this is Chesta Brantley, who can be reached at (510) 633-5206.

MORE CHAMPUS TERMS EXPLAINED—Here are some brief definitions of a few of the more common CHAMPUS terms you're likely to encounter:

*Health benefits advisor (HBA)—A person at a military hospital or clinic who can help you get the medical care you need throughout the military and through CHAMPUS. Sometimes called a "CHAMPUS advisor," an HBA should be contacted whenever you have questions on obtaining medical care.

*Health care finder—A person located at a military medical facility who will help match you with a provider of care in the hospital or clinic—or in the civilian community.

*Partnership program—A program which lets CHAMPUS-eligible persons receive inpatient or outpatient treatment from civilian providers of care in a military hospital, or from uniformed services providers of care in civilian facilities. Whether the Partnership program is instituted at a particular military hospital is up to the facility's commander, who must decide if it would be more economical than having local service families use the regular CHAMPUS program.

*CHAMPUS supplemental insurance—These are policies that are specifically designed to pay after CHAMPUS has paid the government's share of your civilian health care costs. They're offered by military associations and private firms, and have no connection to CHAMPUS, to the Defense Department or to any other agency of the federal government. Each CHAMPUS supplemental policy has its own rate structure and rules about eligibility, level of benefit coverage, deductibles, etc. You'll have to decide which plan—if any—is best suited to your needs.



The Red Rover

The
Navy's
First
Commissioned
Hospital
Ship

Vol. 4 No. 8

Naval Hospital Oakland, California

May 1, 1992

Sexual harassment

Zero tolerance at NAVHOSP Oakland

JOSN Kyna S. McKimson

According to the Equal Employment Opportunity (EEO) Commission, sexual harassment is a form of discrimination under Title VII of the Civil Rights Act and involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature.

When a person is [sexually] discriminated against in any way, they must first contact an Equal Employment Opportunity counselor," said Mary L. Smith, EEO Specialist at NAVHOSP Oakland. She added that there is a bulletin board on the third floor of the main hospital building with each counselor's picture, name and department listed.

At NAVHOSP Oakland, staff members include both military personnel and civilian employees. With each, there are certain steps to take when dealing with sexual harassment. If you're in the military, use your

chain-of-command first," said LT Glenn Conte, head of Equipment Management Division, who is also the Command Manage Equal Opportunity Coordinator (CMEO). "Letting the chain-of-command (ie: leading petty officer, leading chief petty officer or division officer), handle the problem will ensure that the problem is resolved sooner without coming to the command's attention." Conte added that if the situation cannot be handled by the chain-of-command, he or the Command Assessment Team conducts a formal investigation, and recommendations are given to the commanding officer.

"The civilian system has two avenues of redress for all problems," stated Smith. "One is the Administrative Grievance procedure and the other is the complaint system." She added that the former is through the Merit Systems Protection Board, and can only be used if there is already a grievance in the system.

At NAVHOSP Oakland, up-to-date

training on sexual harassment is given to staff members during their orientation upon arrival to the command, as well as through annual command training. "Every time a person checks into the command, he or she goes to orientation classes," said Conte. "Part of their orientation is in Navy Rights and Responsibilities which mainly covers sexual harassment and its prevention."

Civilian employees also receive sexual harassment training during the EEO section of their orientation. Along with command training, Mary Smith and the Deputy Equal Employment Opportunities Officer Weldon Miles, conduct roving training sessions throughout the various departments and clinics. "We also give a quarterly supervisory training course on the prevention of sexual harassment," said Smith. She stated that a continued problem at NAVHOSP Oakland is lack of participation, due to personnel not being able to get

See harassment page 8

BMC Moffet Field

sailor honored



HM2 Bruce Adams, Branch Medical Clinic, NAS Moffett Field, was named Commander Pacific Wing Patrol (CPWP) Sailor of the Month for February.

Adams is described as a self-starter whose work is marked by integrity and initiative. The technical skill and sound management practices he displays in planning, coordinating and implementing the diverse requirements of the Radiology Division are those found in more senior technicians.

Adams, a California native, enlisted in 1982 in San Diego. He has completed various medical/technical schools and training courses. Current duties include clinical coordinator for basic X-ray students and on-the-job trainees, petty officer in charge of photo dosimetry program, X-ray files and results and X-ray processor quality control and maintenance.

He also serves as the chairman of the fire and safety prevention committee and is captain of the command softball team. In his off time, he coaches a YMCA basketball league and has earned his California state radiology license.

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BAYMED 1992 at NAVHOSP Oakland



Oral Surgeon, CAPT Michael Mullen, DC, (left) looks over the X-ray of a casualty brought into the triage area by Navy corpsmen while Barney Nicholson, MD, (right) studies the patient's chart. CAPT Mullen was the officer-in-charge of the triage section for the drill. A resident in the University of California Davis East Bay, Nicholson is in rotation at NAVHOSP Oakland's Surgery Department, Endoscopy Division. (Official U.S. Navy photo by A. Marechal-Workman)

See SFMC tests disaster plan pp. 4,5

From the executive officer



There is a great deal of pressure and stress associated with life in the Navy. In addition, in a medical command, there is the added stress of dealing with serious illness, pain and death on a daily basis. Those of us with families may have a tendency to vent our frustrations on our dealings with our family members ... most often our

interactions with our spouses and children.

The Department of the Navy is aware of the stress involved in Navy life, and has developed a variety of avenues to help Navy people deal with them. It also sets aside certain periods of time for Navy members to stop and reflect on the contributions and support of close family members. For instance, this month is Month of the Military Child and Child Abuse Prevention Month. It has been said many times by many wise people that children are our future. It is essential that we nurture them carefully, providing them with the resources they need to develop physically, psychologically and emotionally. The key ingredient is love.

I think all of us know how difficult it is to interact with family members after the return from a long deployment, several days filled with 10-, 12- or 14-hour shifts, or a seemingly never-ending port and starboard watch rotation. It seems like the smallest indiscretion will send us over the edge. Reality says that the situation isn't going to change any time soon, so, what can we do to help ourselves and keep from becoming abusive with

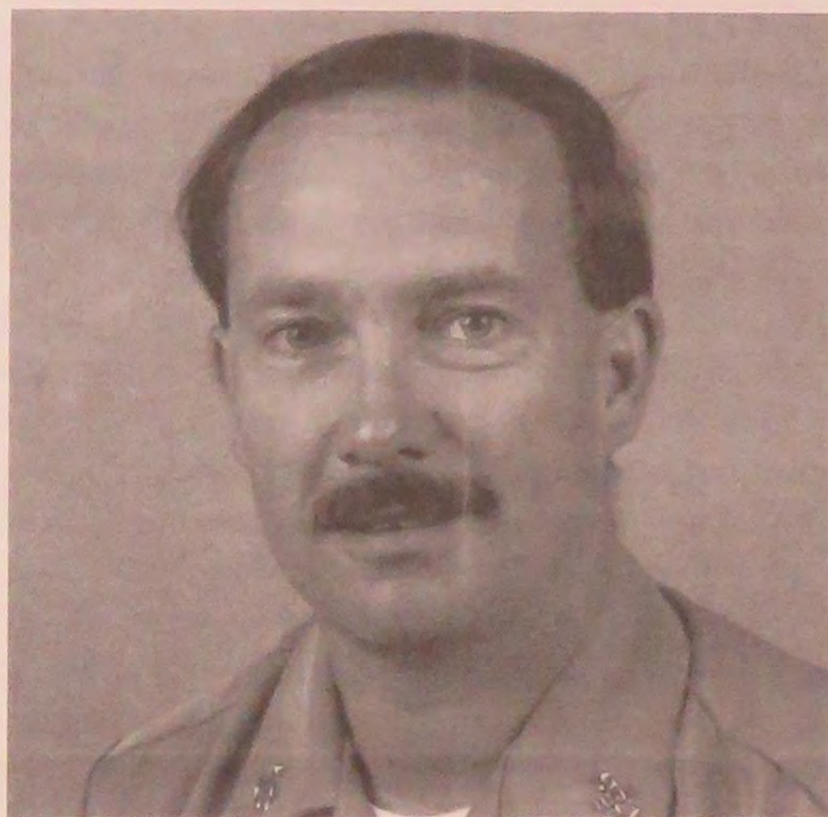
others?

The Navy has established family service centers that provide Navy members with a wide variety of special programs, counseling and other forms of assistance. The Family Service Center at NAS Alameda stands ready to help NAVHOSP Oakland sailors and their families through difficult times. There is also a Family Advocacy office located on the ninth floor of the main hospital building which provides 24-hour coverage for families involved with child abuse or other family violence situations. During normal working hours the office can be reached at 633-5384 and after working hours through the NAVHOSP Oakland quarterdeck at 633-5440. In addition, the command's Wellness Department offers a variety of classes and counseling sessions on smoking cessation, dealing with stress reduction, nutrition and hypertension.

I would encourage command personnel who are feeling the effects of career pressure and stress to avail themselves of these programs before it gets to be too much for them to handle.

From the Command Master Chief

During this time of year, from watching television and reading newspapers, many of us realize the importance of being able to select an appropriate candidate for the upcoming elections. Well, it is important for all of us to realize that we, in the military, make up the majority of the largest block of absentee voters in the United States today. According to the "White Paper," published by the Noncommissioned Officers Association, during 1990, an off year for presidential elections, military participation was 40 percent — a figure that exceeded the national average of 36 percent of the absentee ballot votes. Furthermore, in some states the absentee votes exceeded the 10 percent of the total votes cast. This made a significant contribution in the ability to select senators and representatives. For example, in the 1990 elections, 10 percent of the absentee ballot votes elected eight



Asian Pacific American Heritage Month Observance

At NAVHOSP Oakland, May 10-16 is designated as Asian Pacific American Heritage Week. An official observance will be held in the Clinical Assembly at 1:30 p.m. on Thursday, May 14. The guest speaker for the observance will be Lourdes Agcaoili-Olivares, M.D. A delectable menu featuring Asian Pacific foods will be served in the main dining room 11 a.m. to 1 p.m., at regular prices.

This May marks the 14th annual observance of Asian Pacific American Heritage Month. In 1979, President Carter signed a presidential proclamation designating one week during the month of May as Asian Pacific American Heritage Week. In 1990, President Bush expanded the observance to include the entire month of May. The theme this year is "Asian Pacific Americans: Effectiveness - Empowerment - Enhancement."

NATIONAL
ASIAN PACIFIC AMERICAN
MONTH



MAY, 1992

senate seats and 21 house seats. To put it another way, elections to these seats in 1990 were specifically decided by absentee ballot votes.

People seem to think that their vote does not mean very much. But, collectively, each of these votes becomes decisive, and it is important for all of us to let everyone know what that one vote represents. If you haven't yet received your absentee ballot, please contact the registrar of voters in the state or county in which you are a resident, and ask that a ballot be sent to you.

This is one area which the military has neglected for many years, but we're finally getting on track. If everyone does his/her part, reviews the issues, looks ahead to see what he/she feels is important, each and everyone of us can be a significant factor in the upcoming election.

In a year of recession, when taxes are rising and large numbers of folks are being laid off, it is important that we, as a group, get out and provide a stable voting block to show that we do care about what happens. It is not a matter of who you vote for; what is important is that you get out and do your part.

There will shortly be a note in the Plan-of-the-Day specifying who the voting assistance officers will be at NAVHOSP Oakland. If you have questions regarding your ability to vote or what you need to do to be able to vote, contact one of those officers, and they will be able to help you get your ballot ordered. Your state can also send you all the pros and cons on pertinent issues.

Remember, your vote does make a difference. Please get out there, get your families out there and vote.

Red Rover

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NAVHOSP Oakland CO speaks to civilians

By A. Marechal-Workman

A gradual 25 percent personnel downsizing by 1995, Civilian Personnel Department's (CIVPERS) consolidation under Public Works Center (PWC) San Francisco and a possible move of the command's facilities to Letterman U.S. Army Hospital's (LUSAH) site in San Francisco were among topics discussed by RADM William Buckendorf at his Admiral's Call for civilian personnel on April 15.

"There will be some disruption in our military staff," he said, "but I don't anticipate great shifts or downsizing of numbers in our civilian workforce."

Speaking of CIVPERS consolidation, he said that it's already been determined that the department will move to the Oakland Army Base, stipulating that 21 positions will be transferred to PWC, while seven will remain at the command "to handle situations here."

What we do not know, however, is the fate of the Fiscal Department, he said. "There is

some thought that the Defense Financing and Accounting System (DEFAS), will eventually consolidate all Navy financing and accounting centers," he said, adding that although "this thing is already beginning to track," he doesn't know anything certain at this time.

Stressing that his staff has already started what he calls "a cultural change" — implementation of the principles of Total Quality Leadership (TQL) — to compensate for DoD budget cuts, the admiral explained that the establishment of Quality Management Boards and Process Action Teams is already a fact of NAVHOSP OAKLAND's way of doing business. "We're looking for...constant improvement in the quality, in the way that we do things to eliminate waste and to try to make this a better place in which to work and in which to care for our patients," he said.

The major issue raised by the audience during a question-and-answer period is the possible move to LUSAH in San Francisco.

RADM Buckendorf said that the quickest solution to building



a new hospital — an option which is not viable until 2006, according to Military Construction (MILCON) officials in Washington D. C. — to accommodate the increase in patient load due to LUSAH closure was to investigate the possibility of moving NAVHOSP Oakland to Letterman.

"If that were to take place," he said, stressing the subjunctive, "people who live on this side of the Bay would have the option to transfer to one of our branch

clinics because we would expand our clinic base. We would do many things in our clinics that we don't do now and we would use Letterman only as a referral center primarily for in-patient care."

The Admiral's Call concluded with HMCS (SW/AW) Gary Chapman reminding the audience that the reason the hospital did so well during the recent Operation Desert Storm is because civilians were the mainstay that kept things going when

military personnel left for the Gulf.

"We appreciate everything you've done," the senior chief emphasized. "And to show our appreciation, we want to try and help you. So please, if you have a question and you're not sure about [a particular aspect of your job], go see Weldon Miles, the deputy equal opportunity officer, or stop by my office and let me know."

Loreto D. Calara is Civilian of the Quarter for January - March 1992



By La Rell Lee, Public Affairs Intern

Although Loreto D. Calara holds a civilian position here at NAVHOSP Oakland, he remembers his recall to active duty during Operation Desert Shield/Storm as his most memorable experience to date.

"I thought that was a great challenge for myself because it gave me the feeling of being part of that history," he said. While on active duty during Operation Desert Shield/Storm, HMCS Calara earned a Navy Achievement Medal in recognition of his accomplishments in the Contracting/Purchasing Department.

Calara is the Central Sterilizing Room (CSR), supervisor. He has a total of 19 years of federal service, seven of which include active-duty time.

According to his supervisor, CDR Kenneth Whittemore, NC, head of the Operating Room, Calara was selected for accomplishments that

went way beyond the call of duty; for example, "although his job doesn't directly involve him with patients, the end result of his properly enforcing and documenting sterilization provides assurance for the safety of the patients using CSR processed items."

CDR Whittemore also said that, because of his high quality performance, he was invited to assist with the NAVHOSP Oakland Command visits to Branch Clinics Fallon, Nev. and Alameda, Calif. to monitor, give corrective suggestions and train staff on Infection Control, in order to improve their sterilization technique..

It is a measure of Calara's generosity that he attributes his award to the involvement of his staff.

"They made me look good with their [own] contributions" he said with much pride. "None of this would be possible without the team effort of the CSR staff, and, and I would like to share the award with them."

Active duty - beware, medical care can cost you

The Naval Office of Medical/Dental Affairs in Great Lakes, has devised a set of guidelines to expedite payment for the emergency treatment of active duty personnel in civilian medical facilities.

Upon onset of illness or injury requiring emergency civilian care, an active duty patient should proceed to the nearest emergency room and provide their current home address or active-duty station. Active-duty personnel in civilian ambulances should request transport to the closest military medical treatment facility if medically appropriate.

Within three to four weeks, an itemized billing statement (UB82) will be mailed for payment. If you have not received a bill in that time frame, contact the treating facility or ambulance service and request a copy immediately.

Once the billing statement has been received, take it to your nearest medical department representative for completion of a Nonnaval Healthcare Claim Form (NAVMED 6320/10). The medical department representative will review each claim and certify emergency by signature in block 24. The patient should forward the bill and NAVMED 6320/10 to Office of Medical/Dental Affairs, Great Lakes, Ill. As long as care was for an emergency, payment will be rendered. **BEWARE: IMPROPER USE OF CIVILIAN SERVICES WILL NOT BE COVERED!!**

PCS moves and release from active duty do not curtail you from having to submit a claim. If you are the type that lets things slide, your credit report will eventually reflect your mistake. For further information contact Patient Services, NAVHOSP Oakland at (510) 633-6035/6351.



SFMC tests disaster

(Text and photos by)



Navy Corpsmen litter bearers stand by casualties on their way to Pre-op Hold on the third deck.

From the standpoint of its goals and objectives, SFMC's tri-service disaster preparedness drills at NAVHOSP Oakland on April 16 and 17 were a resounding success.

According to key players these objectives were: improved communications, training troops without experience in handling mass casualties and testing the response and working relationship between the Bay Area NDMS (National Disaster Medical System) hospitals.

"This year we have many new people filling key disaster response positions due to the regular transfers/rotation that is a fact of military life," said RADM William A. Buckendorf, MC, NAVHOSP Oakland's commanding officer and SFMC's commander. "BAYMED 92 [gave us] a chance to exercise our personnel fully in all areas of our disaster response plan...any improvements to the system that we can make during these drills could potentially save lives during a real situation."

A test of SFMC-coordinated Disaster NDMS drill in support of California's Earthquake Preparedness Month, BAYMED 92, the exercises drilled the coordinating capability of Bay Area tri-service commands, Bay Area counties, as well as the Veterans Administration (VA) and NDMS hospitals.

"Improved communications was definitely the strength of those drills," explained LCDR Lee Ras, MSC, the architect of the exercises. "My personal opinion is that we're always going to have communications problems in a disaster situation, but there was such a vast improvement from two years ago that, if, over the next 12 months, [the command] can make half the improvements made for this year's drill, we'll make tremendous strides."

Ras, who was San Francisco Medical Command's (SFMC) director for plans and operations during the development of the scenarios, is now executive assistant to RADM William A. Buckendorf, the driving force behind the exercises.

NAVHOSP Oakland's disaster preparedness officer, LTJG Nancy L. Franze, MSC, pinpointed the improvements: phones placed on the portable emergency generator system and ham radio capability through [the base] MARS Station (See Red Rover Vol. 3, No. 2, dated Aug. 2, 1991 for details on MARS).

A few days before two real earthquakes of major magnitude wreaked havoc in wide areas of both Northern and Southern California, Bay Area military and civilian hospitals tested their response to a mock catastrophic 8.3 earthquake on the San Andreas Fault, followed by a 7.1 quake on the Hayward Fault.



After checking a patient in the Immediate Care Unit, LT Geoffrey Warda, DC, (center) an oral surgeon in the Dental Department, gives instructions to assisting corpsmen. One of the corpsman is HA Lance Reynolds (forefront left), who is assigned to the hospital's Occupational Health/Preventive Medicine Department.



A compassionate observer, LT Rebecca Smith of COMNAVBASE San Francisco, reassures a patient who was just brought to the hospital by helicopter.

According to LTJG Franze, who coordinated NAVHOSP Oakland's activities, the scenarios were realistic. They involved about 3,000 military members who, together, processed 150 simulated casualties over a two-day period. On the first day, April 16, NAVHOSP Oakland received 75 casualties for sorting, triaging and treatment. The next day, the NDMS plan was activated, and 75 casualties were sent out to six participating NDMS civilian hospitals in four counties — Alameda, Contra Costa, San Joaquin and Solano counties.

LCDR Ras gave a lot of credit to NAVHOSP Oakland's doctors and nurses who tutored the junior troops without prior mass casualty processing experience; for example, LT Paul Jeffrey Savage, MC, of the Burn Unit, who instructed his corpsmen in the immediate care of burns in an emergency situation. "Anything that causes burns to come into contact with air is irritating," he said. "So, in a pinch, if nothing else is available, take shaving cream and apply it to the burn. Then, bring the patient to a burn unit as fast as you can."

Far from being a junior corpsman — he spent nine months with the 1st Marine Division during Operation Desert Shield/Storm — HM2 Dan Golden (assistant to LTJG Franze) said that, even for seasoned troops, the training was invaluable because

response plan

(Michael Workman)



A patient with burns on both legs peeks at her wounds in the Immediate Care Unit.



Personnel assigned to the helicopter pad watch casualties waiting for ambulances to take them to the hospital.



Personnel rush a casualty to a waiting ambulance.

circumstances of a national disaster are totally different from being in the front lines. "You're all alone with your Marine squadron out there," he explained. "But here, you have a lot of backup — nurses, doctors... It's more like it was on the [USNS] Mercy, where they drilled for mass casualties all the time."

And speaking of the Mercy, LCDR Ras praised LTJG Franze's experience aboard the hospital ship as one of the factors that made a difference during the planning stages of the disaster drill. "We can probably learn even more from the Mercy folks," he emphasized. "They were out there for months and drilled for, and had a pretty good mass casualty plan... It's not all that different with a national disaster [such as earthquakes or floods]...it's the way you organize: how many should sit in the command control; what kind of people you put in charge of certain areas — that sort of thing."

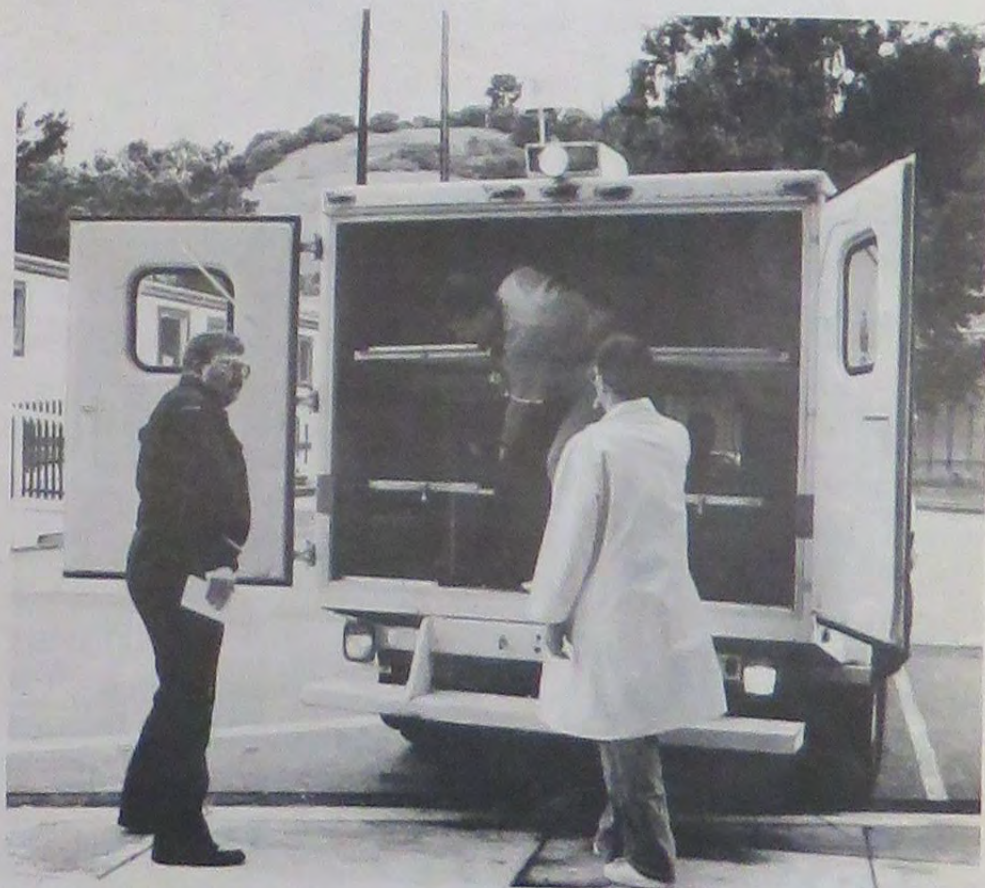
All those interviewed stressed the importance of the SFMC committee, chaired by U.S. Army CPT Ron Maurer, who served in an advisory capacity — a combination of personnel from SFMC, NAVHOSP Oakland, the U.S. Sixth Army, COMNAVBASE San Francisco, the San Francisco Dental Command, Letterman U.S. Army Hospital and David Grant USAF Medical Center.

As part of a larger picture, to start planning for next year's drill, LCDR Ras said there will be a planning meeting with representatives from the Federal Emergency Management Agency (FEMA), the state of California's Office of Emergency Services (EOS), as well as Bay Area counties and cities emergency medical services, some of whom couldn't participate in this year's drills because of time and budget constraints.

This will be discussed during an after-action meeting at COMNAVBASE San Francisco during the third week in May," he continued, explaining that all "lessons learned" from this year's drills will be considered.

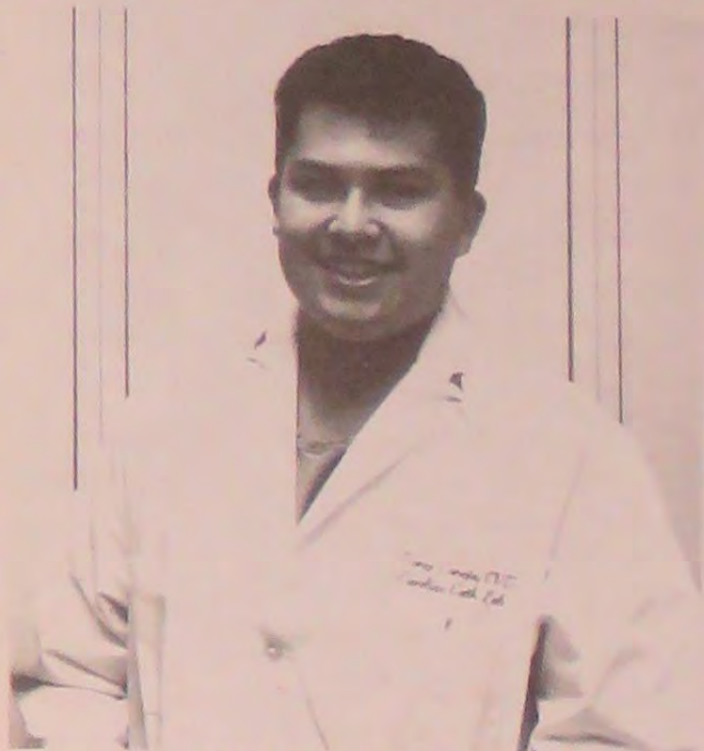
"The relationship between all the military commands is very strong now," said LTJG Franze, "As far as the civilian relationship, it gets better every time we can have a drill. We are a part of the community, and we need to work with our civilian counterparts in order to make all of this work. After all, when it comes to the big one, if we're not able to work together, it's going to fall apart."

(Editor's Note: NDMS is a federally coordinated initiative created to augment the nation's emergency medical response capability. The overall purpose of NDMS is to establish a single national medical response capability for (a) assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters; and (b) providing support to the military and VA medical systems in caring for casualties evacuated back to the United States from overseas armed conflicts. In the Bay Area, NDMS is under the aegis of the U. S. Sixth Army in San Francisco; SFMC is the executive agent for all DoD medical activities. For more information, write NDMS, Parklawn Building, Room 16-A-54, 5600 Fishers Lane, Rockville, Md. 20857, or call (301) 443-4893)

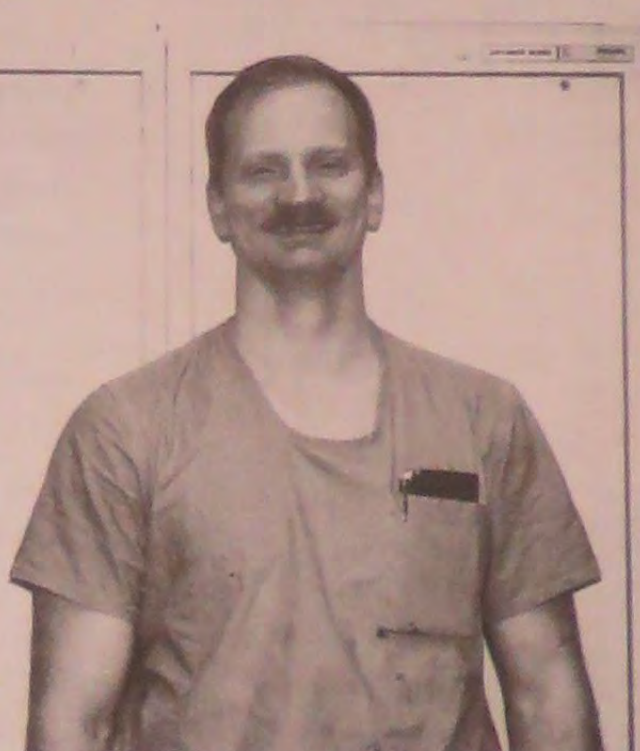


A Navy doctor helps a corpsman to offload casualties at NAVHOSP Oakland's Emergency section.

Naval Hospital Oakland Cardiac Catheterization Lab Up Close



HM3 Tony Conejo



HM2 Scott L. Radke



HM1 Alvin Grant

What is your job? Cardiovascular technician specializing in invasive cardiac imaging and coronary angiograms, along with percutaneous transluminal coronary angioplasty.

Marital status: Single.

Hometown: Riverside, Calif.

Hobbies: Mountain biking, tennis, archery and golf.

Dislikes: Late starts and inadequate supplies.

What is the most challenging part of your job? Patient education and adjusting to patients' attitudes in order to make them more at ease with procedures involved in their treatments.

What is your long-term goal? To obtain a degree and pick up a commission in medical sciences.

If I could do it all over again, I'd: Have finished school before making any decision regarding military service.

I wish I could stop: Procrastinating. I would also like to improve my penmanship.

I respect myself for: Being able to develop a good rapport with my patients and making them feel like people instead of numbers.

Role models/heroes: No one in particular. If I see a person who has achieved success, I may look to him/her as a role model.

What is your job: Invasive cardiopulmonary/cardiovascular technician (NEC 8408); assisting doctors in the Cardiac Catheterization Lab; performing diagnostics and interventional procedures.

Marital status: Married to Louise G. Radke.

Hometown: St. Paul, Minn.

Hobbies: Woodworking, role playing, computers and drawing.

Likes: Fresh air, open countryside and ocean air.

Dislikes: Smog, traffic, slow doctors and the absence of sun.

What is the most challenging part of your job? To provide quick, conscientious and caring patient care while keeping a working balance between patients, wards, staff and doctors.

What is your immediate goal? Check into possible paths either in the cardiopulmonary/cardiovascular field or the independent duty hospital corpsman field.

What is your long-term goal? To settle into a low-cost area, buy a house and raise a family, with 20-30 years of naval service.

If I could do it all over again, I'd: Do it the same way.

I wish I could stop: Being such a lazy slug and continue any exercise program I start.

I respect myself for: Living my life in my own way and for still having a family and a decent life.

Role models/heroes: I live my life in my own image/way and not someone else's.

What is your job? Leading petty officer responsible for technical aspect of cardiac anomalies and rhythm disturbances.

Marital status: Married to Elois S. Grant.

Children and ages: Brittany Danielle, 4 yrs. old.

Hometown: Irvington, N.J.

Hobbies: Computers, cryptograms and crossword puzzles.

Likes: Down to earth people who aren't afraid to be themselves.

Dislikes: Arrogant individuals who constantly brag about what they have.

What is the most challenging part of your job? Enhancing individuals to work as a team and the constant frustration of attitudes between physicians and hospital corps staff. Together we are the strongest force in medicine. When a patient leaves with a smile on his/her face, we've achieved total commitment to quality care.

What is your immediate goal? To complete the national cardiovascular registry exam as number one in the nation and complete my bachelor's degree prior to fall 1992.

What is your long-term goal? To attend cardiac perfusion school and secure a permanent position at Cornell University in New York.

If I could do it all over again, I'd: Have listened to the old man at the airport 12 years ago. By investing \$100 a payday in stocks as suggested, I would probably be a millionaire by now.

I wish I could stop: The media and news from constantly portraying blacks in a negative role and glamorizing violence and gang banging. As they say, "don't believe the hype."

I respect myself for: Just maintaining my sanity or I would have gone berserk; being married for 10 years and keeping a happy family.

Role models/heroes: New York city policemen. It takes a "special" dedication to be treated the way they do in your honor.

Special comment: Both parents were New York city policemen and are both retired now. I've seen it all, maybe I should have been a cop.

From the Chaplain Dreams and Desires

By LT Anne Krekelberg, CHC



Someone once told me, "if you write it down, it will happen." Something akin to the Field of Dreams philosophy, "build it, and they will come." So, a long while back, I started keeping a little book I call my "Things I Want to Do in my Lifetime Book." In it are some frivolous items, like, "ride the biggest wooden roller coaster in the world," and

"sing back-up in a rock band for one night," (Of course, the fact that I can't sing has no bearing on the desire!).

And there are some impossible, or nearly impossible, ones: "be a grandmother," over which I have no control (but it's not impossible), and "invite the president or the Moody Blues to dinner" — I'm not picky as to which. There are also some items I take quite seriously: "buy a Persian rug in a Persian country," "fly a jet," "learn to play the piano" and "get into the computer age."

I've been fortunate, as I really have been able to cross a few of the items off my list. Like, "fly a jet"... piloting an FA-18 simulator made it very clear to me why I'm a minister and not a pilot.

Right now I'm tackling two more items on my list: learning to use a computer and play the piano. Both activities are fraught with problems, but I am not to be deterred and I am sure that, with persistence, I'll be able to cross these items off my list.

Crossing items off my "Things I Want to Do in my Lifetime Book" takes persistence. But I can't forget to work on these things or they will never happen, whether written down or not. I mean, even Kevin Costner had to put his hand to plow to make his field of dreams come true.

There's another area of life which is something like my "things I want to do" book and that is prayer. Prayer is an important part of everyone's spiritual life, no matter what their religion. Jesus says to his disciples, "Truly I tell you, if you have faith and do not doubt, not only will you do [what I have done], but even

if you say to this mountain 'Be lifted up and thrown into the sea.' Whatever you ask for in prayer with faith, you will receive." (Matthew 21:21-22)

When I write items in my "things I want to do" book, I do so knowing that as much as I would like them to become a reality, it will not always happen. There are often extenuating circumstances which make it impossible for these dreams to come true. But when I pray, I do so with the faith that God hears the deepest desires of my heart — not frivolous things like I've written in my book — but real needs and desires that affect my life, the lives of others and my relationship with God. When I pray, I do so knowing that while some things may not seem possible, all things are possible with God. "What is impossible for mortals is possible for God." (Luke 18:27)

Prayer, like my "things I want to do" book, takes per-

sistence. Once I have made my desire known, I have to keep praying, for like any other aspect of life and relationships, communication is essential. And so a sort of conversation occurs between God and me, and I have the assurance through my simple faith that God has heard my prayer.

All of us should have a "things I want to do in my Lifetime Book." It's fun. You can be as creative as you want, and who knows, maybe some of those things will become reality and you'll find yourself in Tibet climbing mountains with a sherpa. I encourage you to begin one if you haven't already.

And I encourage you to begin praying, too. There's no real trick or method of secret — it's just simple conversation, really. And maybe you'll discover that what is impossible for you and I is surely possible with God.

Diet corner

Dietary fiber and what it's all about

By Unnur K. Gylfadottir, dietetic student

Finally, there's something fun to add to your diet! Remember the oat bran ads? That is just the beginning, because fiber is found in a variety of foods. Dietary fiber is found only in plants. It is the part of plants that cannot be digested by the stomach. They come in two main types: soluble and insoluble in water. Most fiber foods contain a mixture of the two kinds of fibers.

Insoluble fiber helps prevent constipation by increasing the bulk of the stool and by moving foods faster through the digestive tract. This kind of fiber stays basically unchanged during digestion. Another benefit may be decreased risk of colon cancer.

Soluble fiber swells in the stomach and helps you stay full longer and, therefore, may help in weight reduction. In addition, it may be beneficial for diabetes since a diet high in soluble fiber may help control blood sugar. Soluble fiber also helps in lowering blood cholesterol.

Now that you know its benefits, how do you increase your intake of fiber? According to the

March issue of the "Berkeley Wellness Letter", Americans are eating about 10-20 grams of fiber per day. The recommendation is to increase that amount to 25-40 grams per day, and instead of counting grams, here's a simple way to accomplish that:

- * Use whole grain instead of white bread.
- * Eat the whole fruit instead of drinking juice.
- * Include more servings of vegetable with your meals.
- * Add beans, like garbanzo and kidney, to your salads and soups.
- * Add sliced or grated vegetables to meat loaf and other meat dishes.
- * Choose whole grain and bran cereals.
- * Whenever possible, eat fruit with the peel.

It is also important that you remember to increase your fiber intake gradually and to drink six to eight glasses of fluid per day.

(Editor's Note: "Berkeley Wellness Letter" is published by the University of California Berkeley School of Public Health).

Team Buying

TQM goes to Material Management

Effective March 30, 1992, the Small Purchase Branch of the Contracting Department will begin team buying. Each team will have responsibility for all the procurement requests of several designated customers. Team buying should enhance customer service and reduce the Procurement administrative lead time. The teams and their customer responsibilities are as follows:

TEAM 1: PO/DO Numbers:
Susan Brumley 4000 Series
SK3 Morrow 7000 Series
Carla Cleveland

- * Navy Drug Screening Lab
- * San Francisco Medical Command
- * Navy School of Health Sciences
- * Branch Medical Clinics
- * Commanding officer
- * Medical Services
- * Base Operations

TEAM2: PO/DO Numbers:
Stan Kemp 2000 Series

Teddy Obico 3000 Series
HM2 Eguia 9000 Series
Regina Howard

- * Ancillary Services
- * Administration
- * Nursing Services

TEAM 3: PO/DO Numbers:
Wayne Watson 0000 Series
Mary Lovette 1000 Series
Annette Jointe

- * Surgical Services
- * Financial Services

TEAM 4: PO/DO Numbers:
Sharon Powers 5000 Series
Marilyn Green 6000 Series
Dru Hudson Henry

- * Logistics
- * Pastoral Care

National Day of Remembrance

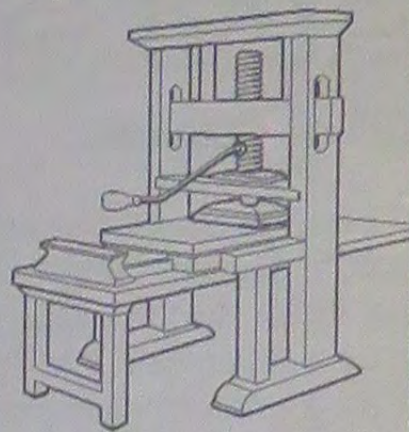
A special ceremony will be held on Thursday, April 30 7:40-8 a.m. at Building 500 flagpole, as part of the National Day of Remembrance of the victims of the Holocaust. All personnel are invited to attend as this command pays homage to the millions who died in the Holocaust of WWII. Point of contact for further information is RP2 Jolivet at 633-5561.



Challenges of parenting workshop

From May 13 to July 1, on Wednesdays from 11 a.m. to 12:15 p.m., the Mental Health Department is offering a "Challenges of Parenting" workshop. The workshop is facilitated by two staff civilian psychologists, Ruth Fallenbaum, PH.D. and Richard Witte, PH.D., who are experienced in working with children and parents. This workshop will offer participants help with concerns regarding parenting. As a group, we will look at a wide variety of issues ranging from discipline and limit-setting to relationships with siblings and school performance. Additional topics to be covered will be based on the group's suggestions. If you are interested in participating in the group or for further information please call the Mental Health Department at (510) 633-5379.

Oak Knoll Briefs



Attention All Hands

Our new grounds maintenance contractor is on board and his operational headquarters is located at B20C and B20B, north of the swimming pool building. This area is off limits to all command personnel. Heretofore, the area was used to wash cars, but this is no longer allowed. Individuals who want to wash their cars can do so at the wash rack located near the Public Works Center shops, Building 10 and 11. Point of contact for further information is LT Cynthia Manning at 633-6300.

Volunteers needed!

Oak Knoll needs volunteers for ombudsman positions. They must be motivated, and spouses of active-duty service members (male or female, enlisted or officer). Call HM2 Christina Wurst at 633-5324 to schedule an interview or for more information.

Personnel interested in functioning as medical coverage for the boy scouts this summer, VOLUNTEER NOW! Duties involve basic first aid, teaching of the boy scouts first aid merit badge, dispensing scout's daily medications, dispensing tender loving care for homesick boy scouts and having fun! Route a special request chit for no cost TAD via your chain of command. Time frame is June 21-August 8, one week per person. Please specify the week you want/can go. The two camps are located in the Northern Redwoods, so be prepared for much hiking and sun. Contact HM2 Christine Wurst.

Excess Property Division

The excess property division collects, attempts to redistribute and dispose of equipment and materials for the command. In an effort to establish an effective audit trail, division personnel sign and are responsible for all items received; therefore identifying documentation is required. Every item delivered to Building 133 must have a NAVHOSPOAK Form 6500/5 attached to the item. This form is prepared in triplicate. A signed copy will be returned to the department involved and a copy will be retained by the Excess Division along with the material. Because of the accountability involved, any material or equipment delivered to Building 133 without the 6700/5 must be rejected. Point of contact for further information call William McDonald at 633-6803.

Sports Corner

Sports round-up

Bravo Zulu to the Pharmacy team for their title as 1992 Intramural Volleyball champions. In three exciting games, the Medical Repair team won the first game over the Pharmacy, 8-to-15. The Pharmacy team came back to take the championship 15-to-8 in the second game. Leading the Pharmacy to a 15-to-12 win in the third game, was M. Christiansen and F. Abn. J. Kalauli was the coach for the Pharmacy team. Congratulations on a job well done!

Central Pacific Sports Conference Sports Bulletin

The CPSC Junior Veteran/Senior Men's and Women's Singles Tennis Tournaments will be held at NAVHOSP Oakland June 16-19 at 9 a.m. The Men's Open Singles Tennis Championships are scheduled for June 15-19, same place and time. The tournaments will be a double elimination type with the best two out of three seats in effect. In the Junior Veteran Division age limit is 35-44; in the Senior Division age limit is 45 and over. Due to the large number of "no-shows" in the past, the actual tournaments draw will be made

Basketball Playoffs (Grudge Match). Dental blew away the Lab 86-to-48. Top scorers for Dental were T. Crutcher (26), Stallings (20), B. Rowe (14). V. Turley (16), A. Morris (13) were top scorers for the Lab team.

Soccer players needed... any personnel interested in playing soccer, call HM2 Pablo Lopez at 633-6712.

at 9 a.m. at the tennis courts. All participants must be present at this time to confirm their entry. Commands are requested to forward entries and berthing requests to Ron Brown, Recreation Services Director, NAVHOSP Oakland, Calif. 94627 no later than June 8, 1992. Each command may enter unlimited entries, and they must include full name, rank/rate and name of command. For more information call commercial (510) 633-6450 or autovon 838-6450.

Sexual Harassment ... continued from page 1

away from their jobs or a lack of effort on their parts to attend the training.

"In order to become a trainer and to give good prevention of sexual harassment training, there is a requirement that individuals [who train] must be certified in the prevention of sexual harassment. There is a special class given called the Department of Navy Training in the prevention of sexual harassment or DONT," Smith said. Smith and Miles are currently course managers for the prevention of sexual harassment.

"The first step [with sexual harassment] is confrontation, letting the harasser know that you are offended by their actions," said Conte. He stated that, at times, a harasser may not know that they are sexually harassing a person, since they may not recognize it as sexual harassment.

"There are times when the person [harasser] is in such a powerful position that it can make the victim naturally reluctant to deal with that person," said Smith. She added that it is not always in his or her best interest to tell a person what they may feel is sexual harassment. "But, in any situation, it depends on the circumstances and who you are dealing with," stated Smith.

In the past year, sexual harassment had heavy media coverage through the William Kennedy Smith trials, the Chief Justice Clarence Thomas hearings and the Tailhook Association investigations. "In the length of time that I have been managing sexual harassment complaints, both military and civilian, I can say that the incidents of open sexual harassment have decreased; however hidden incidents of sexual harassment have increased," Smith said. She added that often people were not clear as to what constituted sexual harassment.

"The training we give brings out recognition of sexual harassment, whether it be to the harasser or the victim," said Conte.

Verbal or physical conduct of a sexual nature can be determined when:

- * Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay or career [advancement];

- * Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person;

- * Such conduct interferes with an individual's performance or creates an intimidating, hostile or offensive environment.

"I think if people truly understood what constitutes sexual harassment, the likelihood that people will commit an offense would be lessened," said Smith.

To emphasize the importance of the sexual harassment issue, the Chief of Naval Operations ADM Frank B. Kelso recently stated, "Regrettably, sexual harassment occurs in many institutions and societies. But we -- you and I -- must be concerned about what happens inside our Navy. Sexual harassment affects our performance. It denies some of our people the chance to do their best. It demeans victims and tarnishes our reputation as fair, hardworking professionals... For that reason, I have directed that commencing March 1, 1992, processing for administrative separation will be mandatory for those found to have committed certain aggravated acts of sexual harassment."

(Editor's Note: Information for this article was obtained through the Navy Editor Service (NES) from an article entitled "Dealing with sexual harassment in the workplace," by LT Mary Hanson, public affairs staff, Bureau of Naval Personnel, Washington, D.C.)

Family Service Center offers a variety of programs

NAS ALAMEDA, CA — The Family Service Center (FSC) offers a variety of programs for military personnel and families from childbirth education and car buying to stress management and employment workshops.

Career college comeback - On Wednesday, May 6 at 6 p.m., career and college information are the focus of the evening featuring Sue Folkes, FSC Employment Resource Center director and Laura Paddock, education specialist. Topics include educational opportunities, financial aid, scholarships, resources for continuing education and related

services. Spouses are eligible for all education benefits, couples are welcome.

Stress busters - Here's an opportunity to get together over lunch and support each other to control stress in our lives. This new group will meet every Wednesday of each month starting May 6 from noon to 1 p.m.

Play and learn membership meeting - Starting May 7 at 6:30 p.m., the FSC co-op program for parents conducts a monthly meeting and features a conflict resolution presentation. For more information or to register for workshops call 263-3146.

April Awards

NAVHOSP Oakland

Length of Service Award 10 yrs.

Mary Cumbee
Thomas A. Lewis
Joan M. Wisely

Good Conduct Award (First)

MS3 Anthony Brown
HN Nancy McKechnie
HM2 Paul Norman Reyes
HM2 Felicisimo Santos
HM2 Nazarene Sazon
HM3 Harold Vaughn
HM3 Daniel Wagner

Good Conduct Award (Second)

HM2 Alma Solomon
ET1 Richard Ellsworth

Good Conduct Award (Fourth)

HM1 Douglas Cassel

Good Conduct Award (Sixth)

MSCS Mike Andrade
SKCM Richard Spaulding

Navy Achievement Medal (First)

DT3 Tina Sortland
HM3 Avalon Napier
HM1 Danette Payson
MS1 Benito Villanueva
HMC Kevin Pearce
ENS Barton Scott

Navy Commendation Medal (Second)

CDR Mark Biolo

BMC, NAS Moffett Field

HMCS Randolph Griswold received the Navy Achievement Medal (3rd award) from Commander Submarine Force Pacific Fleet for his performance of duty while serving as medical assistant on the staff of Commander Submarine Squadron One.

HM1 Melanio Melandez, HM2 Daniel Laporte and HM3 Robert McClung received Letters of Recognition from commanding officer, NAVHOSP Oakland.

HM1 Mark Busam and HM3 Keith Duffy received Letters of Commendation from the officer-in-charge (OIC) — the former for his selection as Senior Sailor of the Year; the latter for his selection as Junior Sailor of the Year.

HM2 Bobby Kennedy received a Letter of Commendation from the commanding officer, NAVHOSP Oakland.

HN Lee Flannigan and HN Jeffrey Collins received Letters of Appreciation from commanding officer, CPW10.

HM1 Reynaldo Timones and HM2 Bruce Adams received Letters of Appreciation from OIC, Naval School Health Sciences, Oakland Detachment.

HN Lee Flannigan, HM3 Tammie Garlinger, HM2 Richard Burk, HM2 Charles Perry received Letters of Appreciation from the OIC for performance of duty.

HM3 Amy Lott, HN Marco Cabrera, HM3 Roberto Legaspi, HM2 Arturo Cervantes-Gomes, HM3 Paul Shelley, HM3 Timothy Manly, HM2 Scott Lewis, HM3 Kieron Winding, HN Jeffrey Collins, HM3 John Bellomo, HN Lee Flannigan, HM3 Frederick Cook, HM3 Ramon Chin, HM2 Charles Perry, HM3 Larry Nelson, LCDR Kevin Brooks, LT Dana Lacy and LCDR Pamela Crane received Letters of Appreciation from the OIC for performance of duty when two patients had heart attacks in the BMC parking lot.

Good Conduct awards were presented to HM2 Shawn Kassner (2nd award), HM3 Tammie Garlinger (1st award) and HM3 John Bellomo (1st award).

Welcome aboard to: HN Jonnilyn Capitulo and HN Michele Wade.

Fair winds and following seas to: HM2 Otis Moseley, HN John King, HM3 Paul Shelley, HM3 Kieron Winding, HM3 Timothy Manly, HM3 Denise Bell and HM3 Lori Barkley.

BMC, NAS Alameda

Congratulations to HMCM(SS) Thomas M. Pollack, who was frocked to his present rate on April 16. He was transferred to the BMC last year from the USS Philadelphia (SSN-690).



The Red Rover

The
Navy's
First
Commissioned
Hospital
Ship

Vol. 4 No. 9

Naval Hospital Oakland, California

June 19, 1992

Mixed signals at NAVHOSP Oakland

By Dave Clark

(Editor's Note: Rumors have been flying concerning the downsizing effect on NAVHOSP Oakland. The following article is condensed from a speech given by the head of Manpower Management/command evaluation and review officer to federal managers at a recent Federal Managers' Association meeting. Those managers desired to hear about downsizing, and Mr. Clark opens, briefly, with that subject, but his real focus is on NAVHOSP Oakland work centers and their survival. Survival decisions may be prompted by downsizing, but survival itself will depend on each work center's efficiency, effectiveness and productivity.)

As of March 31, we had 26 percent more officers and 27 percent more enlisted than we're authorized, and we had 35.5 percent more projected military gains than losses. We are overmanned because we are receiving personnel who would have gone to closing commands. But, this is temporary, possibly to last over the next six months. We will soon see a decline in the number of military personnel. The Bureau of Naval Personnel (BUPERS) is projecting a 13 percent decrease in HM 0000's (Quad-0's) from 306 to 266 by September 92. Still, NAVHOSP Oakland is safe for employment. Two carriers are homeported in the Bay Area and these require support, and there is indication that a third may come here in fiscal year 1993.

THE REAL QUESTION is, "What will this hospital be?" This has to do with specific work centers' configuration and mission. We, Naval Hospital employees, have some influence over this. And we will participate in these decisions whether we want to or not by the way we do our jobs: Whether we are efficient and cost-effective, or wasteful.

Whether this hospital will be a cost-effective, tertiary care GME hospital, one of the "Big Four," whether it will be one of many community hospitals, or something in-between, is the question.

I, and the staff I work with, are involved in assessing efficiency, cost-effectiveness and use of manpower. We conduct the command-wide Efficiency Review (ER), keep the Standard Personnel Management System data bases and maintain the Manpower Authorization documents. Under the Command

Evaluation Program, we coordinate the Management Control Program, monitor inspections and investigate (or otherwise get involved in) instances of reported fraud, waste, abuse and mismanagement. All these have a common thread; they deal with the work, the manpower, the requirements and the processes that are done and managed at NAVHOSP Oakland.

Currently, our major project is the Efficiency Review. An ER is a work measurement study to determine manpower requirements. It answers the question of how much manpower it takes to do a required amount of work. There are people who say that we've done manpower reviews before, but we've never done a command-wide work measurement study before. The methods we follow in an ER are more stringent than non-measurement studies, like a zero-based study. An ER determines manpower based on workload.

For years BUMED has been threatening that the productivity and man-hour data that we report will determine our budget and manpower. In 1989, DOD instructed the Joint Healthcare Management Engineering Team (JHMET) in San Antonio, Tex. to increase its pace of developing manpower standards. At about the same time, the Chief of Naval Operations (OPNAV) directed claimants to complete their ERs by 1994. BUMED directed naval medical facilities to conduct ERs.

Oakland had a visionary in



CAPT John Kelly, MSC, Financial Management Director. He saw that, to keep the hospital operating, its future rested in justifying our manpower. He supported the ER program, and we've been at it since October 1989. We are about 60 percent complete, with an OPNAV-mandated completion date of Oct. 30, 1992. Other naval hospitals didn't have a believer/supporter, didn't see the future, and their ERs floundered or began late. All the teaching hospitals, and some others, are following the method that we're using here at Oakland.

Productivity and production man-hours go into both the JHMET standards and the ER, and these are the same data reported in expense and productivity reports sent to BUMED and DoD. Someone, or some group, is looking at these reports, comparing them with other,

similar hospitals, and deciding which hospital is cost-effective for specific services. The result will be that services, and jobs, will be gradually placed and removed in and from certain hospitals. Whether this hospital will be a cost-effective, tertiary care GME (Graduate Medical Education) hospital, one of the "Big Four," whether it will be one of many community hospitals, or something in-between, is the question.

A problem is that, even when productivity and expense reports are evaluated at higher levels, they don't see the differences between one process and another. For example, it may take one pediatrician, one corpsman and one nurse to see 300 general pediatric visits per month, but they cannot see 300 de-

See Signals page 8

Two-hour HIV prevention class to be held July 16

A two-hour class designed for those who want to learn about prevention of HIV infection will be held July 16, 9 to 11 a.m., in the Clinical Assembly.

discussion during which the audience can ask questions. The panel is made of four of NAVHOSP Oakland medical staff: CDR Bruce Lavin, MC, head of Infectious Dis-

Freeman, who is the volunteer American Red Cross/command liaison, said the class is presented in answer to the Bureau of Medicine and Surgery (BUMED)/Bureau of Naval Personnel's (BUPERS) mandate that the Navy fight the spread of HIV infection with education. The American Red Cross course is the foundation of the Navy program.

"Education is the only vaccine available today for HIV infection," Freeman said.

"It's a problem for the military. It's an issue for the military, with the Navy and Marine Corps anticipating 300-400 additional infections in active-duty personnel each year; and 24 percent of newly detected infections each year



LT William Clawson, NC, NAVHOSP Oakland HIV coordinator

involving spouses and children," according to CAPT Dick Daniell MC, Head, Preventive Medicine at the Navy Medical HIV Program (BUMED 245).

Likening the HIV situation to the syphilis epidemic that occurred 30 years ago, Freeman added that health authorities were, then, able to wipe out syphilis through testing and antibiotics.

But, unlike syphilis which is bacterial in origin, HIV is a viral infection which, at this point in time, cannot be cured, according

to the World Health Organization. It can only be prevented, and the class focuses on prevention.

"Prevention occurs when people do not engage in risk behavior," Freeman stressed. "Alcohol and drugs affect judgement and cause people to take risks that may result in HIV infection, and with HIV, there's no cure, no second chance."

Everyone who is interested in learning more about this deadly scourge and its implications are urged to attend the July 16 class. No preenrollment is necessary.

Point of contact for further information is Registered Nurse Aggie Freeman at 510-633-5375 (beeper number, 510-801-5545).

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(From left), Aggie Freeman, LT Mike Battaglia and LCDR Bruce Lavin discuss the forthcoming HIV program. (Official U.S. Navy photo by A. Marechal-Workman).

According to Patient Educator Aggie Freeman, of the Internal Medicine Department, the class is divided into two parts. Facts are presented during the first hour. The second hour is devoted to a panel

eases, Internal Medicine; LT Mike Battaglia, MC, senior intern; Aggie Freeman, RN, and LT William Clawson, NC, Command Education. Freeman and LT Clawson are Navy HIV instructors.

From the executive officer

We recognize many special occasions: Memorial Day, the Hospital Corps Birthday and the Nurse Corps Anniversary, Flag Day, Father's Day and Mother's Day.

Although it doesn't receive the attention that these other dates and issues attract, there is another date that has great significance for military service members and their families. On May 21, 1881, the American Red Cross (ARC) was founded. Since its establishment, the American Red Cross has forged a strong cooperative bond with the armed forces of our nation.

Two purposes are specified in the ARC charter that pertain directly to its involvement with the armed forces: 1. "...to furnish volunteer aid to the sick and wounded of the armed forces in time of war..." and 2. "...to act in matters of voluntary communication between the people of the United States of America and their armed forces..." In addition to these specific purposes delineated



in the charter, amendments to it, federal laws and military directives have given the ARC authority to expand into additional areas that benefit service members and their families both in time of war and in times of peace.

The ARC chapter based here at NAVHOSP Oakland not only tends to the needs of our military and civilian staff members -- be it notification of illness or death in the family, providing emergency financial assistance, etc -- it also provides services to our patients. ARC workers assist relatives who

are summoned to the hospital to visit seriously ill patients, assist patients with plans and arrangements for convalescent leave, assure games, books and other recreational materials are available to patients, and other supportive tasks.

I would like to thank Mr. Randy Ortega and his hardworking, dedicated and devoted staff of Red Cross volunteers for the outstanding support they have given to the members of our NAVHOSP Oakland community.

Navy-Marine Corps Relief Society

By LaRell Lee

A fund drive was held by the Navy-Marine Corps Relief Society (NMCRS) recently. The drive is over, but it doesn't mean you have to stop contributing to the cause. Your donations are always very welcome.

"Sailors make an allotment from their checks of about one to two dollars per month," said Margaret Kirkland, NMCRS's executive director. She added, "I feel very fortunate and proud that we are able to offer this to our Navy and Marine people because many non-profit organizations are hanging by a wire."

Kirkland said that contributions to NMCRS provided \$53 million in emergency relief to sailors and Marines nationally last year. According to RP2 Ronald Mata, NAVHOSP Oakland representative for NMCRS, \$49,863 of that amount was spent on grants and loans to the command personnel. For example, Kirkland said that NMCRS came to the rescue of per-

sonnel turned out of the barracks at the Navy facility in Centerville Beach during the recent earthquake; the society also helped several NAVHOSP Oakland service members who lost property during the Oakland fire last year. Kirkland explained that these funds, all donated from sailors and other military, help families that may have unforeseen expenses by making interest-free loans and grants.

**The drive is over,
but it doesn't
mean you have to
stop contributing
to the cause.**

These expenses may include funeral services, replacement of a lost pay check, vehicle repairs, rent and utilities, among others. Other services provided are: Post-secondary education, thrift shops, food lockers, budget counseling and the very popular visiting nurse program.

"Registered Nurse Pat Bonino makes weekly visits to NAVHOSP Oakland to get referrals of new mothers and give them a free basinet worth \$90," Kirkland said. She also said that NMCRS has other programs that help new parents answer questions such as, "What is this new baby going to cost me?" and "How can I best utilize my dollars?"

NMCRS, which was founded in 1904 to help Navy widows and orphans, needs your contributions to keep up its 88-year-old tradition of helping sailors and Marines. Remember, 100 percent of every dollar donated goes back to relief services (helping your shipmates). According to Kirkland, the Navy provides free office space, and volunteers make up 92 percent of NMCRS's work force.

Donations should be addressed to: NMCRS, San Francisco Auxiliary, Building 135, Naval Air Station Alameda, Alameda, Calif., 94501. Checks should be made payable to NMCRS.

Point of contact at NAVHOSP Oakland is RP2 Ronald Mata at (510) 633-5561.

Military women register with WIMSA

To honor the accomplishments of women in the military, the Women in Military Service For America (WIMSA) Foundation has compiled a list of women, registered with the memorial, to be interviewed about their service in the armed forces.

WIMSA is sponsoring a national campaign to register women veterans, as well as women serving on active duty, in the National Guard and Reserves. The foundation was authorized by Congress in 1986 to build a memorial in Washington, D.C. dedicated to the women who have served the United States military throughout history, from the American Revolution to Operation Desert Storm and beyond.

A unique feature of the Memorial will be the Register, a computerized data base containing a

photo, military history and memorable experiences of the almost two million women who have served. The search is underway for these women (or their descendants) who can tell stories which will finally document women's role in the military. WIMSA is asking all women veterans and present-day service women to register for the Memorial in order to capture the missing pieces of history of women's contributions to our national defense.

WIMSA has a number of short profiles of women who have already agreed to be interviewed. To obtain the profiles, for more information or to arrange an interview with one of the women listed, write to WIMSA, Dept. 560, Washington, D.C., 20042-0560. You can also telephone the foundation at 1-800-4-SALUTE.



18-month-old C. J. Masters (left) stares in fascination at an entering client as his mother, Carol Masters, looks on. (Official U.S. Navy photo by LaRell Lee).

Naval Hospital Oakland

has

a new improved
Patient Appointment
System.

Call (510) 633-6000
to schedule and cancel
all clinic appointments,
Monday through Friday,
from 8 a.m. to 4:30 p.m.

Red Rover

The **Red Rover** is published triweekly by and for the employees of Naval Hospital Oakland and its branch clinics. The **Red Rover** is printed commercially with appropriated funds in compliance with SECNAVINST 5720.44A.

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Oakland Council of the Navy League recognizes NAVHOSP Oakland Navy nurses

By JOSN Kyna S. McKimson

As a standing tradition at NAVHOSP Oakland since 1983, each year during the Navy Nurse Corps birthday celebration, a junior and a senior Navy nurse receive the Oakland Council of the Navy League Nurse of the Year Award. The Navy League of the United States was founded in 1902 and has been the leading civilian organization in support of the nation's capability to maintain viable naval services.

"The first Navy League Nurse of the Year award was given in 1983 to a senior nurse. Then in 1989, we decided to recognize both a junior and a senior nurse," said CDR Wayne C. Osterman, USNR, aviator, president of Oakland Council of the Navy League.

According to CDR Susan Griffin, NC, clinical consultant for Critical Care/Medicine/Nursing Department and Ad Hoc Committee chairperson, the award was started in 1983 by Navy League members who, through their hospitalization or that of their family and friends, became aware that the dedication of Navy nurses often went unrecognized. They realized that "many nurses consistently [demonstrated] excellence in nursing and dedication to the Navy far beyond expectations, with little outside recognition."

"I know the competition that they are up against for the awards," Osterman said, "the nurses that did receive the awards certainly deserve more recognition than we afford them." He emphasized that the nurses are not just recognized for the performance they have done thus far, but for their performance in the past, present and future.

added it is recommended that at least one nurse from each division be nominated.

CDR Griffin explained that each junior and senior nurse is nominated based upon the following criteria: overall performance; self development; collateral and command duties; leadership; team work; resourcefulness and creativity;

of senior members of the Nursing Services Department."

CDR Griffin added that selections are made utilizing a scoring sheet developed by the committee, with which each nurse is scored based upon the aforementioned criteria. "As Ad Hoc Committee chairperson, I gather all scores and identify three finalists each for the junior and senior nurses' selections. They are given a 10-15 minute interview, with questions developed by the selection committee," said Griffin, adding that the recipients receive the awards based on the highest total scores in both the nominated form and the interview process.

This year the names of the Nurse of the Year Award recipients were announced at the 84th Navy Nurse Corps celebration held May 16 at the Treasure Island Museum," said Griffin. "The senior nurse award went to LCDR Rhonda Gibson, department head of the Maternal Child Nursing Department; the junior nurse award to LT Diana Nierman, Outpatient Department head and Wellness coordinator at Branch Medical Clinic Mare Island," stated Griffin, adding that they were presented their awards and all six finalists recognized May 28th at Club Knoll during the Annual Navy League Awards luncheon, by the president of the Navy League and CAPT Maria Carroll, head of Nursing Services.

The Navy League of the United States was founded in 1902 and has been the leading civilian organization in support of the nation's capability to maintain viable naval services.

In the process of choosing a junior and senior nurse for the award, CDR Griffin stated that there are many steps that the selection committees follow before the actual selections. "First, there's the nomination process: NAVHOSP Oakland junior and senior nurses involved in patient care activities are nominated — by the division officer for the junior nurse; by the department head for the senior nurse," she said. The commander

training activities; interpersonal skills and overall impression. "After I receive the nominations, I eliminate all names from the nomination forms, code the nominees and distribute them to the two selection committees [junior and senior]," she said. "The junior nurse committee is made up of five to seven representatives of all nursing services departments; the senior nurse selection committee is made up of a cross section

Junior Nurse of the Year



LT Diana Nierman, NC

Command: NAVHOSP Oakland, Branch Medical Clinic Mare Island

Job Description: Outpatient Department head, Wellness coordinator.

Marital Status: Single parent.

Children (names and ages): Timothy, 11; Lara Leigh, 10; Daniel, 8.

Hometown: Vallejo, Calif.

Likes: Music - all types, outdoor activities, cooking and cultural events.

Dislikes: Inflexible attitudes.

What is the most challenging part of your job? Juggling the different components, i.e., supervising duty activities, teaching wellness to the tenant commands, participating in emergency drills, training with base Fire Department or Solano County Emergency Medical System, Quality Assurance and infection control issues.

What is your immediate goal as a nurse? Presently enrolled in Holy Names College pursuing a bachelor's degree in nursing; continue to create programs for health promotion at Mare Island to impact all of the 28 tenant commands and the civilian shipyard

workers and continue to maintain stability for my children's welfare.

What is your long-term goal? Complete a full career in the military and hopefully be able to be waived for age for augmentation into the United States Navy.

What does being a member of the Navy Nurse Corps mean to you? It is the completion of a dream started in 1970, but not realized until 1989. It is the most challenging and professionally rewarding opportunity I've been granted in my 20 years as a registered nurse.

What advice would you give to individuals interested in joining the Navy Nurse Corps? It's the best way to practice your profession, with the most rewarding opportunities.

How do you feel about receiving the Junior Navy League Nurse of the year Award? It is an honor that epitomizes my belief that any dream can be realized if one just believes.



LCDR Rhonda Gibson, NC

Command: NAVHOSP Oakland, Maternal Child Nursing Department.

Job description: Acting department head; processing of all division administrative paperwork; interacting with Nursing Services

Senior Nurse of the Year

Administration; counseling and advising.

Marital Status: Married (divorce in progress).

Children (names and ages): Jay John Gibson, 8.

Hometown: Concord, Calif.

Likes: Counting cross-stitch and being "Team Mom" for son's little league team.

Dislikes: Individuals who do not do their jobs.

What is the most challenging part of your job? I'm so new in the position it all seems very challenging; making sure I give accurate advice to staff members; making sure that they achieve their maximum professional potential (point them in the right direction).

What is your immediate goal as a nurse?

To always maintain the highest standards of professional practice; to deliver safe patient care at all times; to maintain focus and direction on the job.

What is your long-term goal? Hopefully to go back and get a master's degree in a nursing-related field; retire from the Navy in five years.

What does being a member of the Navy Nurse Corps mean to you? It means that I have never regretted my decision to come on active duty in the corps. When I tell someone I'm a Navy nurse, it somehow appears to mean more than just being a registered nurse.

What advice would you give to individuals interested in joining the Navy Nurse Corps?

That they could go nowhere else to gain or have the opportunity to gain the level of experience and responsibility that would be available to them as a Navy Nurse Corps officer.

How do you feel about receiving the Senior Navy League Nurse of the Year Award? Deeply honored and proud. Seeing the plaque down in the Nursing Services Office was a constant reminder (those who have been selected in previous years.) To strive to do my job to the best of my ability.

Navy Nurse Corps 84th birthday



To celebrate the Navy Nurse Corps 84th Birthday, the NAVHOSP Oakland most junior and most senior nurse participate in the cake cutting ceremony. CAPT Noel A. Hyde, executive officer; CAPT Maria Carroll, director of Nursing Services and ENS Martha A. Cutshall, of 8 North, each place their hands on the ceremonial knife for the cake cutting ceremony. (Inset) The Navy Nurse Corps 84th birthday cake. (Official U.S. Navy photo by JOSN Kyna S. McKimson)



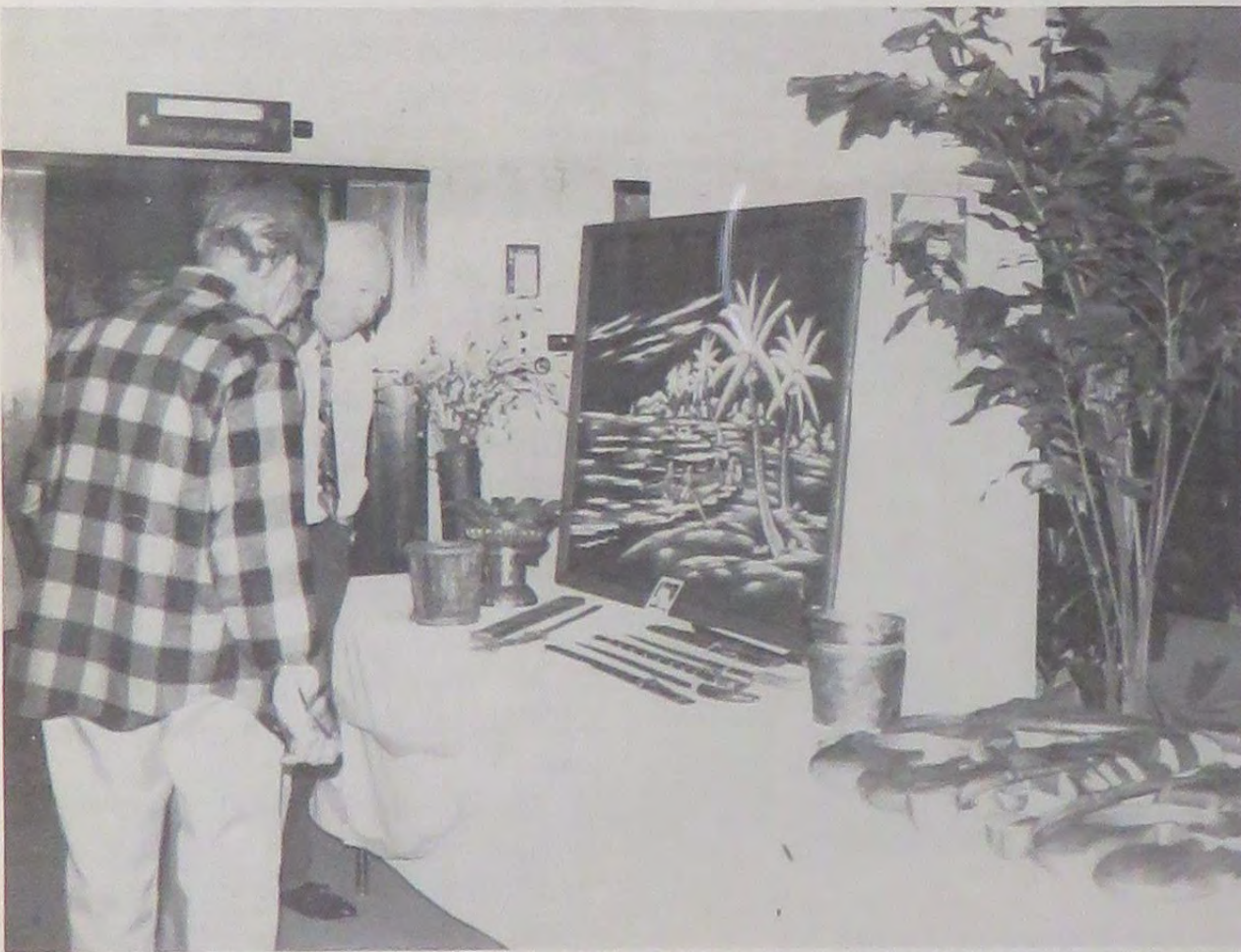
MS 3 Pok Oh, USN, (left) demonstrates a move during his martial arts exhibition.



Lisa Aguilar (left) and her group entertain the audience with dances of the Pacific. Aguilar is the hospital's Medical Education coordinator.



Executive officer, CAPT Noel A. Hyde (left), and Dr. Agcaoili-Olivares head a table of NAVHOSP Oakland dignitaries sampling Asian Pacific American edible delights.



Visitors to NAVHOSP Oakland's second deck look over a cultural display coordinated by the command's Fil-Am Petty Officers Association.



Guest Speaker, Dr. Agcaoili-Olivares, 16th president of the Filipino Medical Society of Northern California, recounts her experiences to a captive audience.

NAVHOSP Oakland pays tribute to Asian Pacific American Heritage Week

Love of family, respect for elders, dedication to hard work, true basic honesty and good humor are qualities that characterize the Filipino community, Dr. Lourdes Agcaoili-Olivares told a standing-room-only audience during the hospital's Asian Pacific American Heritage Week celebration recently.

Agcaoili-Olivares is clinical professor of medicine and director of student health at the University of California San Francisco (UCSF). She took time out from a very busy teaching and administrative schedule to come to Oak Knoll as keynote speaker for a lively tribute to this unique American ethnic group.

Using a metaphor she called "the glass ceiling theory," she cited strength of character as the one attribute necessary to overcome the invisible barriers set by a white male-dominated society. "What [women and minorities] need is the ambition, the courage and the perseverance of character...to reach the finish line, to see the fulfillment of their set goals in any career.

"Time and again, this glass ceiling can be shattered," she said, "if one proves oneself worthy of climbing to the top." She added that she "shattered that glass"

when she became clinical professor of medicine and won the post of principal administrator responsible for the comprehensive health care of all the students at UCSF — a post she obtained after competing with "two older, experienced [white male] administrators."

After a special luncheon in the hospital's galley attended by NAVHOSP Oakland's leadership, the dynamic Filipino physician was treated to a cultural program organized by Deputy Equal Employment Opportunity Office Weldon Miles and the Filipino American (FIL-AM) Association, who outdid themselves for the occasion.

After welcoming remarks by CAPT Noel Hyde, the hospital's acting commanding officer, the program featured a martial arts exhibition by MS3 Pok Oh, Filipino romantic senerades by HM2 R. Armonio and dances of the Pacific by Lisa Aguilar and her dancing group. The festivities culminated with a song by the FIL-AM Choir, with HM1 N. L. Arquero conducting.

CDR D. R. Kang, MC, USNR, served as the master of ceremonies for the occasion.

Text and photos by A. Marechal-Workman



From left: CAPT Roger Espiritu, MC, guest speaker Agcaoili-Olivares, MD, Deputy EEO Weldon Miles and master of ceremonies, CDR D. R. Kang, MC, USNR, chairperson of Otolaryngology Department, pose for the camera.

Branch Medical Clinic Mare Island

A hidden jewel

Text and photos by A. Marechal-Workman

Tucked away on an island in the Carquinez Strait, near Vallejo, Calif., Branch Medical Clinic (BMC) Mare Island is unique in many ways.

"We're unique for many reasons," said CDR James (Skip) Wright, the clinic's officer-in-charge (OIC), who cited the support of Mare Island Shipyard as the one variable that sets their clinic apart. "Through our Medical Surveillance Program, we are responsible for about 6700 civilians," he explained, praising the head of Occupational Health Medicine (OCMED), Steven Bayes, for his stewardship of a service that blends civilians and military in a harmonious environment.

According to the OIC, the clinic provides medical care for personnel of Mare Island's 28 tenant commands. It is also responsible for the health care of retirees, dependents, active-duty personnel in a 20-mile radius catchment area — and it is those beneficiaries who were the target of a very successful health fair recently.

"We're really proud of this facility," CDR Wright explained. "We try to keep it in top running order. We want to show the folks what this place is all about and sell medical care. That's the point of the fair."

LT Diana Nierman, Outpatient Department head and Wellness coordinator, organized the fair with the support of the entire command. She explained that it was part of "Wellness Week," an awareness program aimed at reaching shipyard civilians, dependent wives and children in elementary schools — among others.

"We had representatives from many departments and agencies, for example, CHAMPUS Reform Initiative (CRI), the Smoking Cessation Program, Delta Dental, the Family Advocacy Program and the Family Service Center."

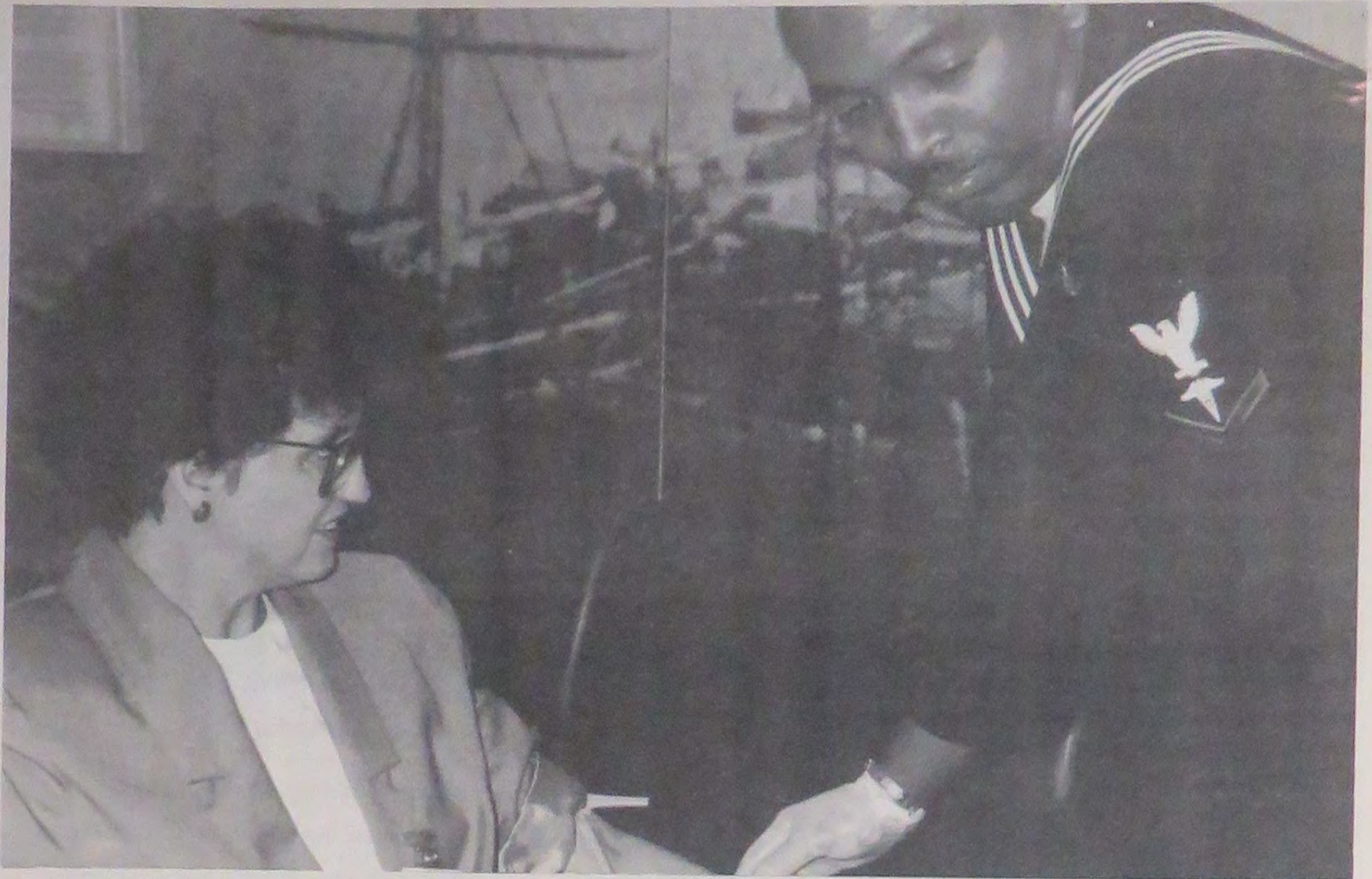
Visitors could also avail themselves of a host of free services such as cholesterol checks, glaucoma checks and oral cancer detection. They were offered a special low-fat, low-cholesterol menu at the galley, with shuttle bus service every 30 minutes. They could talk to the Family Service Center's home care coordinators or to Anne Walker, who is in charge of the Family Advocacy Program directed at reducing violence in the home.

"This clinic is unique in that we provide treatment as well as case management," Walker said, explaining that other military medical facilities "have representatives...who send people out in the community to be treated and be followed by private therapists [whose fees] are paid by CHAMPUS. But [BMC Mare Island] hired me as a licensed clinical social worker and psychologist to provide service in-house."

According to a Mare Island's Welcome Aboard Magazine, the branch clinic was officially established in 1957 as a satellite outpatient clinic of what is known today as Naval Hospital Oakland. However, its history harks back to 1854, when the assistant surgeon of the Navy sloop of war, USS Warren, became Mare Island's pioneer medical officer, at the same time as the establishment of Mare Island Naval Shipyard.

CDR Wright said that the clinic has seen many changes since then, earning many kudos along the way, and he was quick to point out that his staff deserves all the credit. "They're a good group," he said, "the best that a guy could ever ask for."

"Eight-hundred people attended the health fair," LT Nierman said proudly, adding that, now more than ever, beneficiaries know what BMC Mare Island can do for them.



HM3 Mark Harris of active-duty sick call draws blood from Sheila Urick, Nuclear Engineering's division head secretary, Mare Island Shipyard.



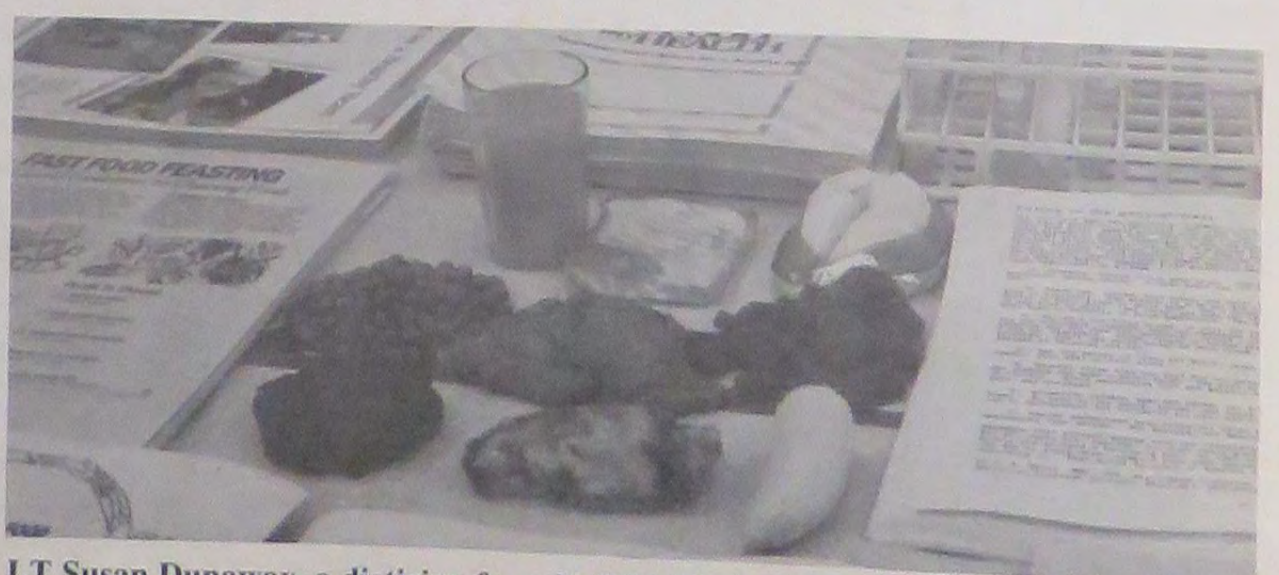
HM2 Robert Valdoria poses in front of the logo he designed for the health fair. HM2 Valdoria is an Optometry technician in the Optometry Department.



LT Nasreen Qadar, DC, checks Gerald Peterson's mouth for cancer detection, Peterson is manager of the Public Works Department, Mare Island Shipyard.



A Security Force Battalion Marine combat conditioning instructor checks the body fat content of a fair's visitor, Shari Zeite



LT Susan Dunaway, a dietician from NAVHOSP Oakland, prepared the display of a nutritionally healthy menu that will bring Navy personnel into 21st century wellness.

Naval Hospital Oakland COTR Nurses Up Close



Crystal B. Brown, RN



Susan E. Daniels, RN



Corbina M. Foucart, RN

What division or department do you work in? Medicine/Surgery Nursing.
What is your job? Care for patients with medical/surgical problems.
Marital status: Married.
Spouse: Wallace J. Brown.
Children and ages: Velena and Cara, in their twenties.
Hometown: Beatrice, Ala.
Hobbies: Reading and gardening.
Likes: Good movies.
Dislikes: Loud music.
What is the most challenging part of your job? The commute from my home in south San Francisco is a challenge in getting here.
What is your immediate goal? To help my younger daughter as she finishes college.
What is your long-term goal? Within the next three-to-five years, move back to Alabama or Georgia.
If I could do it all over again, I'd: Do the same thing.
I respect myself for: Being able to accomplish my goal of passing the Nutritional Support Certification Examination.
Role models/heroes: General Clara Adams-Ender, former chief of the Army Nurse Corps.
Special comments: I am really enjoying my experience here at NAVHOSP Oakland. I think the nursing care here is excellent. The people are great. I previously worked for the Department of the Army.

What division or department do you work in? 6 North.
What is your job? Australian contract nurse assigned to 6 North under a 12-month contract - general registered nurse duties.
Marital status: Single.
Hometown: Adelaide, South Australia.
Hobbies: Travel, reading and shopping.
Likes: Travel, "The Young and the Restless," Mexican food.
Dislikes: Eggplant.
What is the most challenging part of your job? Getting up at 5:30 a.m.
What is your immediate goal? Having the best time possible during my stay here in the Bay Area.
What is your long-term goal? More travel - will probably continue working in the U.S. indefinitely - Seattle sounds good (I love rain).
If I could do it all over again, I'd: Change nothing.
I wish I could stop: Biting my nails.
I respect myself for: Independence and past accomplishments.

What division/department do you work in? 8 North - Postpartum/ antepartum.
What is your job? Caring for antepartum and postpartum patients; assisting in newborn teaching.
Marital status: Married.
Hometown: New Bedford, Mass.
Hobbies: Gardening, athletics, reading and handwork.
Likes: Animals, especially my dog, Trotwood, and friendly people.
Dislikes: Crabby, negative people.
What is the most challenging part of your job? Training new military personnel who are constantly coming and going.
What is your immediate goal? To be happy and content day-to-day.
What is your long-term goal? Further my education in either nursing or veterinary medicine.
I wish I could stop: People from doing procedures because another person said to rather than think about why the procedures should be done.
I respect myself for: Maintaining my professional conduct on days that I don't want to.
Role Models/Heroes: Parents, because they are wonderful, warm and caring people.

From the Chaplain



By LT Francis Walsh, CHC, USNR

As I recently expressed surprise and pleasure at the early departure of a patient in good health from the hospital, she stated that my prayers for her were responsible.

Does prayer make a

difference? If I had not prayed for her, would she have left the hospital as early and in as good health as she did? Even more than my prayers for her, was the woman's faith in God in any way responsible?

On the other hand, what about the medical technology and care involved? The involvement of medicine in the recovery of health, as well as human effort in any human endeavor, is very evident. To acknowledge this, however, is not to deny the efficacy of prayer and faith in God. Even though the modern scientific mentality is unwilling to accept the reality of that which cannot be scientifically proven, so much of ordinary living involves what cannot be scientifically demonstrated. Thank God we do not limit our lives to what can be

scientifically proven. How drab life would be.

Does prayer make a difference? As a concluding illustration of the differences, I believe that prayer and faith in God and a living relationship with him make me refer to the celebration we have just recently observed, Mother's Day. The tangible things that a

mother does in the care of her family could really be done by anyone. I would hope, however, that everyone would agree with me that there is a vast difference between what anyone could do in the care of a family and what a mother does. Similarly there is a difference between what mere human effort can accomplish, and that same

human effort in combination with prayer. Some might say that prayer and a relationship with God are just frosting on the cake, nice but not necessary.

Even though he/she may not be able to prove otherwise to the skeptic or cynic, the person who has experienced the difference that prayer makes can never be persuaded otherwise.

Does prayer make a difference?

Religious Services

Catholic Mass	Monday-Friday Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

Diet corner

Red meat - How it got the bad rap

By Bonnie Slater, dietetic student

Cattle and hogs of the 1940s and 1950s were fatter animals than their leaner counterparts today. The beef and pork cuts that are sold today come from leaner animals and, therefore, have less total fat and less saturated fat.

A general recommendation used to be to eat more fish and chicken because they were leaner meats. But as this chart points out, there are good choices in each group of chicken, beef and pork. A fact people find surprising is that pork tenderloin or beef top round can have less than 50 percent of the fat of an equal portion of chicken thigh. A chicken thigh (skin removed) still has about one and a half times the amount of fat as some pork and beef cuts such as pork loin roast and beef round tip. Another point worth noting is that chicken parts vary greatly. A chicken thigh can have three times the amount of fat as an equal portion of chicken breast.

So how do you choose lean meat cuts? Some general guidelines are: For beef, choose choice or select grades, and round or sirloin cuts — they have less fat marbling throughout the meat — and choose ground beef that is 85 percent lean. For pork, choose loin, tenderloin or sirloin — the leaner cuts. When choosing chicken, white meat cuts, breasts and wings, are leaner than dark meats, legs and thighs. When preparing any type of meat, trim all the visible fat and remove skin before eating.

Also, use cooking methods that reduce rather than add fat, like roasting, baking, broiling, stir-frying (with minimum added oil) and grilling.

All of these suggestions can help lower the total fat and saturated fat in your diet, but the key is to practice moderation. Most Americans need 6 to 8 ounces of meat or meat substitute per day. This adds up to a two-to-three ounce serving at each meal. A small chicken leg or thigh is approximately two ounces, and a half (split) chicken breast is approximately three ounces. A good visual aid is that a deck of playing cards represents the size of a three-ounce meat serving.

A healthy diet includes a variety of meat, poultry and fish. There are lean choices in each group, and the cholesterol

Chart to Compare Beef and Pork to Chicken

	Calories	Total Fat	Saturated Fatty Acids
Chicken Breast, (skinless, roasted)	140	3.0g	0.9g
Chicken Thigh, 3 oz. (skinless, roasted)	178	9.2g	2.6g
Pork Tenderloin, 3 oz. trimmed (roasted)	133	4.1g	1.4g
Pork Loin Roast, 3 oz. trimmed (boneless, roasted)	160	6.4g	2.4g
Beef Top Round, 3 oz. trimmed, cooked	153	4.2g	1.4g
Beef Round Tip, 3 oz. trimmed, cooked	157	5.9g	2.1g
Beef Eye of Round 3 oz. trimmed, cooked	143	5.5g	1.5g

content of all these types of meat are similar, ounce per ounce, varying from 22-27 milligrams/ounces. If you've been avoiding red meat because it's higher in fat and cholesterol, now you know it can be a part of a healthy diet.

The Navy needs blood donors

LT Rob Newell, Deputy PAO, BUMED

WASHINGTON (NES)...During Operations Desert Shield/Storm, the Navy Blood Program never suffered from a shortage of donors. Because of the tremendous support it received, the program was able to meet its

requirements for blood, not only at medical units in the Persian Gulf, but at Navy medical facilities worldwide.

Unfortunately, in the last several months donations to the Navy Blood Program have trailed off, and the Navy's blood supply is low. CDR Bruce Rutherford, head of the blood program, said the low supply can be attributed to the winter flu season and to the loss of Desert Storm veterans from the donor pool.

"Service members who have had the flu this winter must wait until fully recovered to be eligible donors," explained Rutherford. "Also, those people who served in the Persian Gulf are precluded from donating because of the remote possibility they contracted the leishmania parasite, 'an organism which has caused a mild illness in some veterans of the Gulf War.'

Rutherford also added that receiving flu shots doesn't prevent service members from donating.

The shortage puts increased pressure on the blood program to find new ways to support cancer, leukemia and neonatal patients who possess particularly low blood platelet levels. Platelets are the cellular components of blood, smaller than red cells, and are required for blood to clot.

These patients often require frequent transfusions to increase their platelet level. Since four to six units of blood must be collected to make one platelet unit, the need for an ample blood supply is important to provide proper platelet care.

Although the Navy Medical Department has not had to cancel any procedures due to the platelet shortage, blood and blood components have been shuttled among Navy facilities to compensate for these shortages.

Using what is called blood credits, Navy facilities have also had to bring in blood components from the civilian sector.

The Navy Blood Program can collect, process and manufacture blood and blood products much more cheaply than purchasing blood from the civilian community. And, each unit of blood donated by Navy and Marine Corps personnel goes directly into the Navy's blood supply. To meet Navy Medicine's commitments, more than 1,100 units of blood need to be collected per week.

The Navy blood program is seeking the assistance of all Navy and Marine Corps personnel to help get blood supply levels back up. Donate a unit of blood and help be a lifesaver!

There will be a blood drive at Naval Supply Center Oakland on June 23. The next blood drive at NAVHOSP Oakland will be held Aug. 18, according to HMC Fernando Pantag, LCPO of the Blood Bank. Your support of the NAVHOSP Blood Donor Program is appreciated and all commands are requested to donate. All blood types are needed. Point of contact for further information concerning the NAVHOSP Oakland Blood Donor Program is HM1 Kristina Bingham or HM2 Nelson-Cris Delacruz at (510) 633-5531/6851.

Oak Knoll Briefs



OB/GYN Department is sponsoring a Special Women Health Talk. It will be held on Saturdays, as follows:

July 18
Aug 18
Sept 19

Point of contact for further information and appointments is CDR Sammons, USNR, who can be reached at (510) 633-5630.

Command Gymnasium. All personnel authorized to use the command gymnasium include: civilian staff with a Morale Welfare and Recreation (MWR) Gold Card and retired, active-duty personnel and dependents with an I.D. Card. From 11 a.m. to 1 p.m., Monday through Friday, the Gym is secured for NAVHOSP Oakland active-duty service members only. All rules and regulations will be enforced.

Command marquee. Use of the marquee is on a limited basis. Priorities are as follows: command information, departmental functions, graduations, retirements, congratulatory messages, etc. Availability of letters and numbers is limited to five lines. Therefore, messages have to be very short and to the point. Marquee requests should be sent to Ron Brown, MWR. For more information, call (510) 633-6450.

Programs available at Family Service Center

NAS ALAMEDA, CA. — The Family Service Center (FSC) offers many programs for military personnel, families and government employees -- from Childbirth Education and Car Buying, to Stress Management and Employment workshops. Following are two ongoing examples of what FSC offers you.

Losing Pounds Sensibly meets monthly, starting July 11, from 6:30-8 p.m., during the summer. This is an informative and educational support group for people trying to lose or maintain weight, get in shape, and/or learn about nutrition. If you need a support system of people behind you ... join the winners circle!

Phase Treatment Program is available for people who are involved in abusive or potentially abusive relationships. It is designed to offer you new choices to break the cycle of abuse and to help you feel good about yourself again. The women's group meets every Thursday at 10 a.m. The men's group meets every Tuesday at 10 a.m. For more information or for a confidential screening call (510) 263-3141.

For more information or to register for workshops call (510) 263-3146.

Patient Education

Classes on diabetes

By Bonnie Bevins

Ongoing classes for diabetic patients and their families are taught every Tuesday from 9 - 11:30 a.m. Guest speakers are featured every two months.

A 30-minute teaching video on nursing management of patients with diabetes is available for nurses, with one contact hour continuing nursing education (CNE) credit available. Future times and locations will be posted.

Individuals who need additional information may call me at (510) 633-5384. My office is located in Room 4-39-9, in the Internal Medicine Clinic.

Thrift Savings Plan (TSP) for federal employees

Open season for TSP is from May 15 to July 31, 1992. Each permanent employee was given, or sent, a pamphlet showing open season updates.

The TSP is a retirement savings plan for both FERS (Federal Employees' Retirement System) employees and CSRS (Civil Service Retirement System) employees. They pay no tax on TSP contributions or earnings until they withdraw their account. An employee must have completed a full year's service before he/she becomes eligible for TSP.

Open season gives federal employees a chance to start or change their contributions,

or change the way their future payroll contributions are invested in the three TSP funds — the G Fund (Government Security Investment); the C Fund (Common Stock Index Investment) and the F Fund (Fixed Income Index Investment).

The annual total rates of return (before expenses) for the securities in which the G, C and F Funds are invested are shown right:

Local federal employees who haven't received their Open Season Update pamphlet, or those who need more information, should call Sydney Santos in Civilian Personnel Division, at 510-633-6374.

Year	G Fund Securities	S&P 500 Stock Index	SLBA Bond Index
1982	13.56%	21.09%	32.62%
1983	11.61%	22.36%	8.35%
1984	13.13%	6.12%	15.15%
1985	11.33%	32.02%	22.11%
1986	8.29%	18.55%	15.26%
1987	8.73%	5.23%	2.76%
1988	9.19%	16.83%	7.89%
1989	9.01%	31.53%	14.53%
1990	8.97%	3.18%	8.96%
1991	8.26%	30.57%	16.00%
1982-1991 average annual rate	10.19%	17.53%	14.09%

Signals.....continued from page 1

developmental/adolescent visits per month. The latter take longer. The same is true in processing procurement requests. Bethesda may have a super-duper, automated procurement system which will let a purchasing agent complete a purchase in 20 minutes, including typing and filing the contract order. But Oakland doesn't have the super-duper system, and it may take us over an hour to do one purchase. But if it takes two hours, we'd better do something about that.

...the CO supports TQL unreservedly; in fact, he's ahead of almost all of us in this regard...

The decisions at the top must be assisted by valid data from us, hospital employees. Our knowledge of the processes we perform is crucial to data collection and analysis toward a conclusion that shows efficient, cost-effective, productive operations. The decision, after a period of unproductive inefficient performance, will be that there is not enough demand on the work center to justify keeping it. It may be more cost-effective to send those few patients, requests, financial

documents, whatever, to be processed someplace else.

The ER and JHMET standard will result in changes to Manpower Authorizations. But those doing the work will decide how, specifically, that manpower will efficiently do that work. Fortunately, there are methods available to teach us how to make those decisions. A few are taught under the Management Control Program, which is not necessarily all-inclusive. More methods are taught under Total Quality Leadership (TQL), which applies to all processes.

As command evaluation and review officer, I'm responsible for coordinating the command Management Control Program. Its philosophy, which Congress liked and mandated, says that each manager must look at his/her processes and implement the necessary controls to keep the processes in control, efficient and cost-effective.

TQL is different in that it is not a "program." It is a culture of continuous improvement based on data (statistics), not guesses (tampering). We, top to bottom, make the changes, collect and review statistics, look in detail at processes and do these things over and over, in the Plan-Do-Check Act (PDCA) cycle. It is the only way.

I've heard some flack from a few who have attended TQL training, such as, "the CO doesn't support this..." (By the way, the CO supports TQL unreservedly; in fact, he's ahead of almost all of us in this regard). "How can we do this if I get no support?" "Do you REALLY think this is going to happen when blah, blah, blah..." The best excuse that I've heard for not implementing TQL is, "this is

Management 101. We [You name it] have been doing this for years." I suggest that you haven't done this before, it's not Management 101, and you don't have to wait for the CO or anybody else. And it had better happen because we will not continue the way we are, whether we like it or not.

Both Management Control and TQL focus on processes: How is this work done? Does it wait in baskets? Is it redone over and over? Does a patient spend more time in the waiting room than with the doctor? When delayed, does the patient come back or go some place else? How much time does it REALLY take? Does or should it take more time than I've got?

The answers to these questions go into the ER, and if you're into TQL, you'll know the RIGHT answers AND be able to support valid manpower decisions and use that manpower efficiently and effectively and get the job done.

Parking at NAVHOSP Oakland

To avoid further confusion about parking on the command's grounds, the current parking lot status is explained below:

Parking lots 1, 4, 7, 8, 11 and 14 are designated as open parking for anyone to utilize. Be aware that there may be certain spaces marked "Reserved."

Parking lot 2, the second large lot on the left, on Blackwood Street, is for *patient* and *visitor* parking only between 8 a.m. and 2 p.m. daily. Parking is permitted between the hours of 2 p.m. to 8 a.m. by all personnel.

Parking lot 3, northeast corner of hospital is for *patient* and *patient visitor* and *patient handicapped* only parking. Staff personnel may not park their vehicles in this lot at any time. Personnel admitted to the hospital may park their vehicles in this lot for a maximum of seven days, but must notify the Security Department magistrate prior to parking the vehicle.

Parking lot 5, northwest corner of hospital, is *assigned reserved personnel* parking only. No other person may park in the lot except those assigned a specific space and this means 24 hours a day, seven days a week.

Parking lot 6, east side of the hospital is reserved for department heads, and certain spaces are designated for *radiation therapy* and *MRI patients* only. Parking is permitted from 4:30 p.m. to 6 a.m. by all personnel, but vehicles must be out of the lot by 6 a.m.

Parking lot 6 A - southwest corner of the hospital located by Parking Lot 6, is for patients only. Overnight parking is prohibited. Please obey the rules or pay the piper.

May Awards for NAVHOSP Oakland

LENGTH OF SERVICE AWARDS

10 YEARS	Yolanda Hooper
20 YEARS	Paula R. Hammond
30 YEARS	Thomas L. Conant
40 YEARS	Pete Reyes

CIVILIAN OF THE QUARTER

Mr. Loreto D. Calara

SAILOR OF THE MONTH FOR MARCH

HM3 Andrew Aaron Kimball

SAILOR OF THE MONTH FOR APRIL

HN Neil Meyers
HN David A. Brown

SEMI-ANNUAL SENIOR ENLISTED LEADERSHIP AWARD

HMCS (SW/AW) Gary Chapman

GOOD CONDUCT AWARD FIRST

HM3 Michael Arevalo
HM3 Trent Dewayne Edwards
HM3 Gary L. Jacobsen
HM3 Terrance Ward Kemmerer II
HM3 Dennis Lee Self II
HM3 Kenneth Frederick Themm
HM2 Raulito Bo Dalisay
HM2 Jan Lynn Reamer
HS2 Tamara Schmitz
HM2 Edison P. Villanueva

GOOD CONDUCT AWARD SECOND

HM2 Michael Todd Carter
HM2 Jessie Balacaoc Macabugao
HM2 Ike Garcia Umbao
HM3 Loren James Young
MS1 Benito Williams Villanueva

GOOD CONDUCT AWARD SIXTH

SKCM Richard Spaulding

NAVY ACHIEVEMENT MEDAL

LTJG Mark Joseph Stevenson
LCDR John Atkinson

Branch Medical Clinic NAS Alameda Awards



Front row: HM1 F. A. Villanueva, Navy Achievement Medal; HM3 J. A. Castilleja, Letter of Commendation; HM2 M. A. Richardson, Letter of Commendation and Senior Sailor of the Quarter.

Back row: HM3 J. L. Livick, Advancement to Third Class Petty Officer; HM3 M. A. Johnson, Letter of Commendation and Junior Enlisted Sailor of the Quarter; HMC (SW) S. A. McKenzie, Navy Commendation Medal. (Official U.S. Navy photo by Fleet Imaging Center Pacific, NAS Moffett Field, Calif.)

Quality Improvement Update

Deming's Point #7: Institute Leadership

"Leadership is the job of management. It is the responsibility of management to discover the barriers that prevent workers from taking pride in what they do." - Mary Walton, author of Deming's Management Method.

9 Turn-on's To get your people excited:

1. Let them know what's expected.
2. Keep them informed.
3. Give them control.
4. Give them start-to-finish responsibility.
5. Make them champions.
6. Give them feedback.
7. Give them rewards.
8. Help them learn and grow.
9. Be approachable.



The Red Rover

Vol. 4 No. 10

Naval Hospital Oakland, California

July 10, 1992

Oak Knoll commissioned to care for WWII wounded

By Andree Marechal-Workman

It was definitely not the best of times. In fact, it was probably the worst of times when Oak Knoll Naval Hospital was commissioned on July 1, 1942, seven months after the devastating attack on Pearl Harbor.

Bataan and Corregidor had fallen to the enemy in May, leaving 2,000 Americans dead and 11,500 wounded. Although not yet a month old, the significant historical Midway victory that brought relief to the war-torn Pacific Theater was a costly one - causing the loss of one aircraft carrier, the Yorktown (CV-6), an accompanying destroyer and 132 land-and carrier-based planes, with a total of 307 Americans killed and thousands wounded.

In addition, a number of Pearl Harbor patients had been waiting for stateside treatment. In the San Francisco Bay Area, hospitals such as Treasure Island and Mare Island were available, but additional facilities were needed to accommodate the overflow of casualties.

The very worst was yet to come — The Battle of Salvo Island, Guadalcanal — and Oak Knoll Hospital was established just in time to help surrounding military medical facilities, including Letterman Army General Hospital in the Presidio of San Francisco, accommodate thousands upon thousands of battle-scarred Pacific Theater



An aerial view of NAVHOSP Oakland as it looked in 1942. (Official U.S. Navy photograph)

casualties.

But it was also a time of optimism, a time of promise, of intense medical research — a time when renowned physicians abandoned thriving practices, when young nurses, corpsmen

and scores of medical professionals put their lives on hold to serve humankind, to rush to the aid of their wounded compatriots, to heal them and make them whole again.

According to the Bureau of

Medicine and Surgery, on Feb. 11, 1942, the Secretary of the Navy purchased 300 acres of the Old Rancho de San Antonio from Mr. and Mrs. Arthur King for \$127,000 to construct a temporary emergency hospital on

what was, then, the Oak Knoll Golf and Country Club. Two million dollars were appropriated for construction from the Third Supplemental National Defense Appropriation Act of 1942.

Gwilym B. Lewis, M.D., was a Navy intern at nearby Mare Island Hospital in 1941-42. He said rumors had been flying about a new hospital on the Oak Knoll Golf and Country Club site for some time. "There were only two [Navy] hospitals on the West Coast that I knew of: San Diego and Mare Island," he explained, adding that Mare Island was "a little out of the way"

See WWII wounded, page 6

RADM Walter Lonergan

His rise from corpsman to NAVHOSP Oakland skipper

By Andree Marechal-Workman

Imagine leaving a naval hospital as a pharmacist 3rd class and, 32 years later, returning to the same facility to take its helm as a rear admiral.

Impossible? Think again: Anything is possible in Navy Medicine, and RADM Walter Mansfield Lonergan, MC, USN (Ret.) is living proof that it can be done. RADM Lonergan, who spent about a year and a half at Oak Knoll Naval Hospital during WWII ("roughly from the end of 1943 to the beginning of 1945"), said he joined the newly commissioned command staff as a corpsman right after boot camp.

"I had three years of medical school when I joined up," he recalled, "and I had a myriad of assignments that sound unbelievably uncorpsman like. I worked in the laundry, in the chaplain's office, in security."

But his medical background fi-



RADM Walter M. Lonergan

nally paid off, and after being assigned to the Psychiatric Department and running the EEC

(Electroencephalogram), the Navy allowed him to continue his medical studies—eventually specializing in Obstetrics/gynecology (OB/GYN). This was the start of a distinguished career—the start of an impressive rise in the hierarchy of the Navy Medical Corps.

A native of Boston, Mass., RADM Lonergan joined the Navy after Pearl Har-

bor "because Boston is a Navy town and everybody was joining up." Oak Knoll was right in the middle of the

war that rocked several continents, spreading death and destruction in its wake, and bringing thousands of casualties each day to military hospitals.

See corpsman, page 2

Commemorative Issue

This issue commemorates the 50th anniversary of both NAVHOSP Oakland and World War II. It honors the dedicated men and women who spent time at Oak Knoll taking care of casualties, as well as those who were in the thick of the fight.

Considerable time was spent locating military and civilian personnel who were on duty in the 1940's and the articles published are their stories.

To add local color to the issue, selected copy from "The Oak Leaf" is reproduced just as it was then. Consideration for today's journalistic requirements such as Associated Press (A.P.) style and others were waived for the sake of authenticity.

Regular contributors' commentaries such as the Executive Officer's and Command Master Chief's columns, the Chaplain's Corner, Civilian News, Patient Education and others were omitted to preserve the integrity of the historical tone of this commemorative issue.

Corpsman

continued from page 1



Phm 3c W.M. Lonergan - Oak Knoll - 1944

Oak Knoll was no exception. In fact, the hospital was built to augment existing Bay Area military medical facilities, according to information obtained from the History Department of the Bureau of Medicine and Surgery.

What I remember most of my days as a corpsman, the admiral reminisced, "is the thrill of seeing the progress the kids [sic] made and the attention that they were given by the doctors [who were], some times, in short supply. It made you feel that if you got out there, [in the fighting arena], there would be someone to take care of you [if you were wounded]."

Another, most moving experience he recalls, is participating in a program that convoyed EastCoast casualties back home. "For example," the admiral explained, "if a man lived near Newport, R.I., we would 'train' him back across the whole country. I went on some of those convoys and took the kids back. Witnessing their reunion with their parents was very moving."

These were the good times, the compassionate corpsman-turned-skipper acknowledged. But there were some very bad moments, and the "amputees and those who had lost their eyesight were the worst."

When taking his experiences in the context of his entire Navy career, there's no question but that his returning to Oak Knoll as the hospital's commanding officer is something that RADMLonergan will never forget. "Having worked here as a child," he quipped, "that was memorable!" Just think, he mused, "walking into the Laundry [as the CO] and thinking that I used to run that!"

When asked what advice he has for today's corpsmen who might aspire to similar heights, he didn't hesitate in stating that "opportunity and attitude" are key factors. "Being a corpsman is an opportunity that is offered with responsibility for taking care of your fellowmen," said the man who admitted he'd never had a job in the Navy that he didn't like. "But attitude is what makes the difference," he added. "Be it bad or



Rear Admiral Walter Mansfield Lonergan

Rear Admiral Walter Mansfield Lonergan was born in Boston, Mass., on Jan. 29, 1922. He attended undergraduate school at Tufts College, Medford, Mass., as a pre-medical student for three years, after which he enlisted in the Hospital Corps of the U.S. Navy as a pharmacist mate. He was selected for medical school at the University of Buffalo School of Medicine and received the degree of Doctor of Medicine in May 1948. He began his internship at the E. J. Meyer Memorial Hospital, Buffalo, N.Y., and was trained in Obstetrics and Gynecology at the Sisters of Charity Hospital and E. J. Meyer Memorial Hospital, Buffalo, N.Y. He was commissioned on June 18, 1951 in the U. S. Navy Medical Corps with the rank of lieutenant

(junior grade) and subsequently advanced through the ranks. His selection to the rank of rear admiral was approved by the president Feb. 27, 1975.

His assignments have included duty at Naval Hospitals, Great Lakes, Ill.; Naples, Italy; Corona and Camp Pendleton, Calif.; Bethesda, M.D.; Portsmouth, Va. and with the First Marine Division and the Bureau of Medicine and Surgery. He was commanding officer of the Naval Regional Medical Center, Charleston, S.C., from July 1972 to July 1975, and served as inspector general, medical from July 1975 until July 1977.

He was commanding officer of, then, Naval Regional Medical Center (now NAVHOSP Oakland). He is a diplomate, American Board of Obstetrics and Gynecology and served as

consultant to the surgeon general in that specialty from 1966 to 1970. He has held positions as associate clinical professor of Obstetrics-Gynecology at Georgetown University Medical School, Washington, D.C., and also at the Medical University of South Carolina, Charleston in the same capacity.

In addition to the Legion of Merit, Meritorious Service Medal and Navy Commendation Medal, he wears the American Campaign Medal, Good Conduct Medal, World War II Victory Medal and the National Defense Service Medal.

RADM Lonergan is married to the former Rita Ann O'Keefe of Buffalo, N.Y. They have five children: Susan (Lonergan) Weaver; Dr. Walter Mansfield, II; David John; Daniel Glenn and Amy Marie.

good, attitude will be reflected in the reward that one receives from the job that they do."

Of course, it was easier at that time, RADMLonergan said of his early years in the Navy. "There were millions of jobs that you could do, and you could learn a lot," he said. "And if you worked hard at it, you could get advanced pretty quickly, if not in rank or rate, certainly in your education." However, he continued, it is the ability to seize the moment and make the most of it that counts—today, just as much as yesterday.

The admiral did just that. He knew how to open doors when opportunity knocked, and his military career is a colorful tapestry of what he called "lucky assignments...the opportunity of going from one good hospital to another — plus a three-year tour in Naples and lots of responsibility and opportunities to train residents and meet very nice people who deserved very good care."

Betty Beck, editor of "The Oak Leaf", summed up RADMLonergan's finer points. On the occasion of his retirement on July 30, 1982, she wrote: "...his departure brings a bit of sadness, as we will sincerely miss his understanding, acumen, sense of fairness, perspicacity and quick wit. Despite our

regrets, however, we're pleased that he'll have a little more time for himself and his family after nearly 40 years of service to his country and humanity in general."

(Editor's Note: Because of the various references to the name of the hospital, it is important to point out that NAVHOSP Oakland was called Oak Knoll Naval Hospital when it was first commissioned. When RADMLonergan became its commanding officer, it had become the Naval Regional Medical Center Oakland. However, historically and locally, it is still known as "Oak Knoll." The command's paper was called "The Oak Leaf" from Oct. 23, 1942 to 1984).

Red Rover

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HMCS (SW/AW) Gary Chapman Correction Note

In the April 15, 1992 edition of "The Red Rover" (VOL 4, NO 7) we ran an article on page 2 entitled "HMCS Chapman is recipient of the Semi-annual Leadership Award." Some biographical information was inadvertently omitted during the printing of the article which could result in confusion on part of our readers. In an effort to eliminate any confusion, the following additional information is provided.

HMCS Chapman joined the Navy in October 1971, while attending the University of Montana. He has been happily married to Gail D. Chapman for 19 years. The couple met in 1973, while both were serving as hospital corpsmen at Naval Hospital, Bremerton, Wash. LT Gail D. Chapman, MSC, USN, received a commission while serving in the U.S. Naval Reserve as a chief hospital corpsman. LT Chapman is currently assigned to an out-of-service rotation in microbiology at the University of California at Davis.

Medal of Honor recipient guest speaker at Hospital Corps ball

By JOSN Kyna S. McKimson

For Congressional Medal of Honor recipient, retired Hospitalman Apprentice First Class Robert E. Bush, coming to Oak Knoll to be the guest speaker at the 94th Annual Hospital Corps Birthday Ball brought back many memories and seemed as though the events he remembered just happened yesterday.

"Receiving the Medal of Honor was actually memorable to me for a couple of reasons," said Bush. "One is that President Harry S. Truman was my idol, so to meet him and have him give me this decoration was outstanding." He added that, having married his high school sweetheart, Wanda Spooner,

on Oct. 1, 1945, the presentation on Oct. 5 took on a very personal dimension. "Our trip to Washington was our honeymoon and it was really the threshold of our life that started in that week," Bush stated.

After serving as a medical corpsman with a rifle company in 1945 during World War II, Bush was sent to NAVHOSP Oakland, (then known as Oak Knoll Naval Hospital), for medical treatment due to injuries sustained in combat. According to his citation for the Medal of Honor, on May 2, 1945, his company was in action against enemy Japanese forces in Okinawa Jima, Ryukyu Islands, where he constantly and unhesitatingly moved from one casualty to another to attend to the wounded falling under the enemy's



President Harry S. Truman awards Medal of Honor to Hospital Corpsmen Robert Bush

fire. Bush was cited for his daring initiative, great personal valor, and heroic spirit of self-sacrifice in service of others that reflected great credit upon him and enhanced the finest traditions of the U.S. Naval Service.

"As a Medal of Honor recipient I would like to be viewed as a good citizen and a good patriot of our country," Bush said. As for being viewed as a hero, he stated that when he was awarded the medal he was doing the same thing he had been doing for 32 days before. "I was trying to keep these guys fighting. It just happened that some of the training they had given me was put into effect during that period." According to Bush, his actions during World War II gave him the opportunity to do something for someone else.

"The Medical Corps of the Navy has been in effect now for 94 years. It has been a stable and growing force [in the military]," said Bush as he reflected on the status of the Hospital Corps in today's Navy. "I have had a lot of time to work with them [today's corpsmen]. They are smarter and better trained from an educational standpoint, and I no-

ticed that they are well organized and have a well planned growth."

Recently, Bush had a chance to spend a five-day tour with the Fleet

never be so lucky again," and I feel the same way."

When he was presented the Medal of Honor, Bush felt that the award was not necessarily given for his actions alone, but for the actions of everyone in his WWII company, especially those who died. "Many of the men died, and many of the corpsmen died as well. They [corpsmen] were exposed more than anyone else in the unit to this kind of instant death," he said, adding that the Medal of Honor recipients look upon themselves as custodians for those who gave their all towards the country.

After returning from the war and ending his year and seven months tour of duty, Bush attended a variety of trade schools and the University of Washington, and eventually became the founder and president of the Bayview Lumber Company. Robert and Wanda Bush currently live in Olympia, Wash., and have four children and nine grandchildren. Bush is also a part of the Medal of Honor Society which has a goal to future the history of the military so that young people will know what was done in order to protect the country.

According to Bush, his actions during World War II gave him the opportunity to do something for someone else.

Marine Force corpsmen in the training school in Camp Pendleton, Calif. During the next two months he will be speaking at the Hospital Corps celebration at Naval Hospital Bremerton, Wash. and Naval Hospital San Diego, Calif.

When looking back on his experiences during the war Bush said, "I remember a statement made by General James H. Doolittle, the first man to bomb Tokyo in 1942. When Doolittle was asked if he would do anything differently he said, 'I could



Congressional Medal of Honor recipient, retired Hospitalman Apprentice First Class Robert E. Bush, was the guest speaker at the 94th Annual Hospital Corps Birthday Ball recently held at Club Knoll. (Official U.S. Navy photo by JOSN Kyna McKimson)

WWII Oak Knoll civilian employee has unforgettable experiences

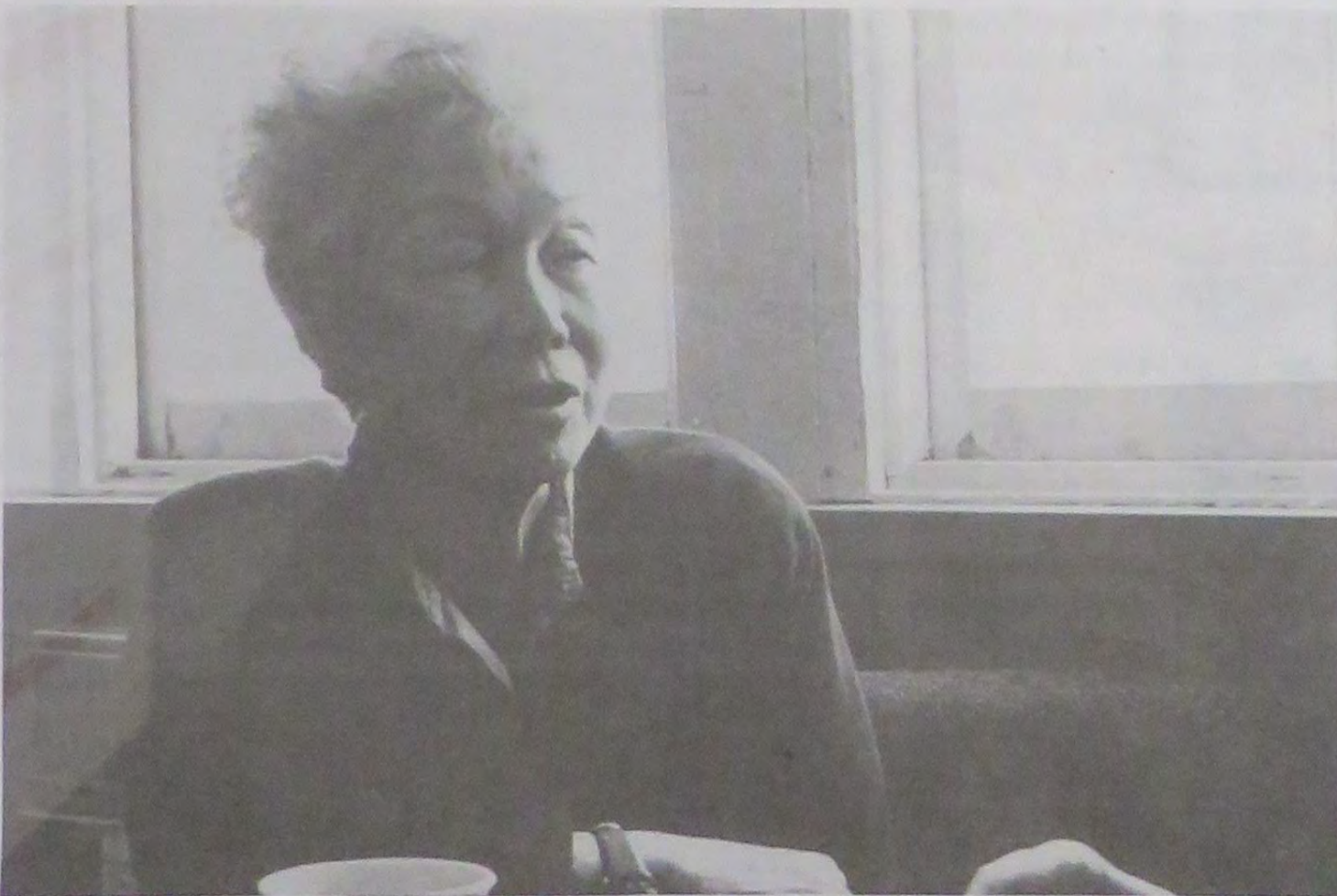
By LaRell Lee

For Elizabeth Tsai, commuting by bus to Oak Knoll for work during World War II was an unforgettable experience.

"It moved me to see able-bodied sailors carrying amputees strapped on their shoulders onto the buses," she said, adding that it was routine for military and civilians to commute together daily.

It was in October 1942 when Mrs. Tsai began working in the Patient Administration Department here at Oak Knoll, where one of her main duties was discharging the Navy and Marine enlisted personnel back to active duty. She was 17 at the time, and had to get permission to work from the Oakland School District because she was under the age of 18.

Recently Mrs. Tsai returned to Oak Knoll for the first time since the 1960's. In a recent interview, she mentioned that she was surprised that she encountered only a few people driving from the entrance gate to our Public Affairs Office. "In the 1940's," she said,



"Oak Knoll was a little city of its own. You couldn't walk up from the main gate to where the administration office used to be (where the Naval School of Health Sciences, San Diego Detachment is now lo-

cated) without encountering probably 25 to 50 people milling about that two or three block distance, at anytime of the day."

She also remembers the Oak Knoll compound being much big-

ger. "The hospital was made up of a lot of little buildings and we didn't have the big new hospital," she said. "A psychiatric center was located in the now disestablished San Leandro Naval Hospital. It was

part of the Oak Knoll facility, but was decommissioned at the end of WWII."

One of her most memorable experiences Tsai recalled was when President Franklin D. Roosevelt's wife, Eleanor, came to visit casualties and staff. "I was a big fan of hers," explained the very young looking, vivacious, former civilian employee. "I followed her! I followed her from ward to ward as she visited with the men!"

She also remembers a large amphitheater where such Hollywood celebrities as Bob Hope and Bing Crosby entertained the patients and the military staff. "I remember peeping in," she said, "because, as a civilian, I wasn't allowed to attend the performances."

Elizabeth Tsai retired after 23 years of service. She went to college thereafter and taught pre-school to 3rd grade in the Oakland Public Schools for 11 years. She is married to Victor Tsai. They have two children: Vincent, who works at the Lawrence Livermore Laboratory, and Virginia, who works for Chevron. Mr. and Mrs. Tsai reside in Oakland.

Navy nurse speaks of her experiences at Oak Knoll

By Andree Marechal-Workman

"...A true example of friendliness and professional dignity at all times was possessed by Miss Soto of Ward 44-A."

(From "Nurses Notes," in "The Oak Leaf," Jan. 22, 1943)

Margaret Soto retired from the Navy's Nurse Corps as a lieutenant commander but, even if she gets confused about details of "her four tours at Oak Knoll," it is her first one as an ensign that she remembers most fondly.

"I'll always remember the day

would go clear across the United States when [she] joined the Navy," but wound up across the Bay, in Oakland!

But she did see the world — New Zealand, where she was sent to open up a new mobile hospital, immediately after she left Oak Knoll, in October 1943. And if that tour turned out to be less interesting than it promised, (it folded "less than six months after [Navy medical personnel] got there because it was too far out of the combat area"), she did get clear across the Pacific, if not the country.

According to Soto, life at Oak Knoll was pretty primitive in 1942. In fact, it could get hazardous when you had night duty, she quipped, because you

psychiatric ward used to be. They are the very same buildings that are scattered around the main hospital complex, housing many of the current base's services and tenant commands.

Another hazard of Navy nursing Soto remembers from her first Oak Knoll tour is the military drilling. "The nurses had to drill every day," she said. "We would muster, then we'd march...that was something I wasn't accustomed to." It couldn't have been too hard, however, because Soto remained in the Navy until her retirement after 22 years, in August 1964.

And in case you're wondering about

Soto's greatest challenge as a Navy nurse, it wasn't the drills, but orienting a steady flow of incoming young nurses and supervising the corpsmen "who did everything from bathing patients to changing their dressings. The same things nurses had to do."

Of course, she said her challenge was compounded by the fact that many of the nurses were civilians who never knew how long they would stay aboard. "Many were wives or sweethearts of men bound for overseas," explained Soto who, shortly after her arrival, became

head nurse on her ward. "The [civilian] nurses left as soon as their men shipped out," she recalled, and this made it difficult for the permanent Navy staff because they never knew how many they'd have on a ward.

But you could always count on the corpsmen "who were wonderful," she added. She particularly recalls a "very mature young man" who, later on, was the corpsman depicted on the historically famous Iwo Jima sculpture group. "You know, after a while, you get to be senior to the rest," she explained, "and he was older and seemed

to be more experienced."

Unfortunately, "nothing could make up for the heartache of losing a patient, and we had a lot of that," she sadly concluded.

LCDR Margaret Soto, NC, USN (Ret.) left the Navy to take care of her aging parents with her sister, MAJ Lila Soto, a retired U.S. Army nurse. Both live a quiet life in California's picturesque Cambria, surrounded by captivating memorabilia — antique dolls, quaint ceramic pottery, seascapes and a host of enchanting arts and crafts they acquired during their respective travels and military tours.



Ensign Margaret Soto in 1942. (Official U.S. Navy photo)



Margaret Soto discusses her U.S. Navy experience. (Official U.S. Navy photos by A. Marechal-Workman)

I arrived," she said with a chuckle. "It was in August 1942 — a Sunday — and Chief Nurse Ruth Cleaver met me at the door and helped me carry my suitcases. I just couldn't believe it." She'd been a night supervisor at St. Francis Hospital in San Francisco, and thought "she

were likely to run across such night creatures as raccoons and skunks. It was real country living.

The wards were spread out in H-shaped unpainted redwood buildings reaching beyond the top of what is now named Keller Drive, where a disestablished



Margaret Soto's Navy experience in brief. (Official U.S. Navy photo)



Margaret Soto looks fondly at one of her cherished momentos, an autographed photo of Adm. Chester Nimitz. (Official U.S. Navy photo by Andree Marechal-Workman)

LCDR Gwilym D. Lewis, MC, USN (Ret.)

Oak Knoll's first orthopaedic resident

By JOSN Kyna S. McKimson

For Lcdr Gwilym D. Lewis, MC, USN (Ret.), the bombing of Pearl Harbor and the injuries sustained hold a strong memory. At the time, Lewis was an intern on duty at Mare Island Naval Hospital.

"We were notified rather early on that there were a lot of injured people at Pearl Harbor Naval Hospital, and Mare Island was the closest to Pearl Harbor," said Lewis. "I believe that the casualties that we saw at Mare Island impressed me a great deal." According to Lewis, the cases that affected him the most were the men who had been standing on the steel deck of a battleship at Pearl Harbor when the torpedoes exploded underneath the decks.

"The decks were blown up with such a force that these men had compound fractures of the heel bone. They were just shattered and broken right through the skin," said Lewis, adding that all of the cases arrived in plaster casts at Mare Island Naval Hospital. He stated further that when all of the injured had arrived, there were approximately 400 to 500 casualties in all.

After leaving Mare Island Naval Hospital, Lewis went to flight surgeon school in August 1943. "In 1943, I was sent to Corpus Christi; then I was sent to join a [flight] squadron aboard a ship, called the USS Savo Island (CVE-78)," said Lewis. He remained aboard the Savo Island until March 1945.

According to Lewis, in 1945 the Navy sent out a letter announcing that the Army and Navy were

going to train their own specialists. He applied and received orders in the Spring of 1946 to report to Naval Hospital Oakland, where he became the first orthopaedic resident.

The Orthopaedic department had five buildings running up the hill near where the hospital is now," Lewis said. "We had 40 patients in the building, then in 1946, we had a small cast room built."

Recalling his experiences as a flight surgeon before he was stationed at NAVHOSP Oak-

land, Lewis said he was a part of the VC-7 Flight Squadron, one of the most highly decorated during World War II. "They [Japanese fleet] got as close as 12 miles, and the spouts of water were the shells landing around the ship," said Lewis, remembering the time he spent on the USS Savo Island in the Pacific during the war.

After the war ended, Lewis spent his time learning about orthopaedics as a resident. "During the war the hospital had a lot of nationally known specialists on duty, and at that time we were still getting a lot of casualties left over from the war — a large number of bone infections," Lewis stated. He

added that at NAVHOSP Oakland, orthopaedic doctors did some of the first intramedullary nailing of femurs. According to an article titled, "Intramedullary Fixation of Fractures of the Femur," written in 1948 by Lewis with CDR Howell E. Wiggins, MC, USN, (Ret.), the method of using intramedullary nails was a technique that would assure anatomical reduction, ease of technique and a rapid operating time which would offer an ideal solution for this particular fraction. "Before this procedure we were treating these cases, but in those days we would have them in traction; then we'd have them in a cast."



In 1948, Lewis returned to Mare Island Naval Hospital to be an orthopaedics doctor at the limb shop that was started in 1942. "We were doing amputations and making suction sockets. Then, some of the professors from the University of California at Berkeley started coming to the center and getting involved."

After a year and a half, Lewis got his discharge papers from the Navy in 1949, and left the service from Mare Island. He then worked with a civilian consultant for about a year. "I lived in Berkeley at the time and met another civilian consultant named Doctor Holstein," said Lewis. He added that soon

after, they became partners in 1950 and remained partners until 1984.

Before he went into his own practice, Lewis worked at several hospitals in the Bay Area which include: Highland, Merritt, Providence, Peralta, Alta Bates and Herrick.

Lewis is part of the courtesy staff at Alta Bates Hospital in Berkeley. He currently resides in Berkeley and works for the State of California, Workman Compensation Insurance Department, where he evaluates people [with potential disabilities].

Lewis is married to Ruth Lewis and has four daughters: Martha, Frances, Caroline and Gwynne.

LCDR Charles Asbelle, MSC, USN (Ret.)

A pioneer in the development of amputee research



LT. Sara Griffin (left), Charles Asbelle and a rehabilitation nurse advisor discuss her exercise program. LT. Griffin lost a leg in a hiking accident. (Official U.S. Navy photo)

By LaRell Lee

Being a part of the development of the first ever Armed Forces amputation center during WWII was a gratifying experience for Charles Asbelle.

"We designed an artificial limb facility at Mare Island Naval Hospital to allow the production of 500 artificial limbs and 500 braces a year," he said, proudly adding that, "At Mare Island during our first year we produced 555 artificial limbs and over 800 braces."

LCDR Charles Asbelle, MSC, USNR (Ret.) joined the Navy as a pharmacist mate 2nd class, right after Pearl Harbor. He was 32 at the time, and thought he would "sail right to the Pacific." But the Navy had other ideas.

"We've been waiting for you," said the personnel officer when he reported to Mare Island Hospital. "You're here to help us set up an artificial limb facility." Asbelle was astounded, but gratified to know what he was there for — to help research

and set up what would eventually become the renowned Oak Knoll Amputee Center.

"At Mare Island during our first year we produced 555 artificial limbs and over 800 braces."

According to the native of Commerce, Ga., he was selected for the amputee research because of his background: He'd had two years of medical school and some knowledge and experience in patents from working with his father in the development of a textile process. He worked with several military orthopaedists during his career, the last one being CAPT Tom Canty, MC, whom he followed as assistant director of research, when the Mare Island limb shop was transferred to Oak Knoll Naval Hospital in 1950.

And if you wonder what drove Asbelle to work with artificial limbs with such passion: "The impact of hundreds of young men with their limbs destroyed—there's nothing so bad to me," he said teary-eyed and with great emotion. "I really mean this, the opportunity of serving people—see it could have been me."

There weren't too many people in the Navy who were knowledgeable about the craft of artificial limbs at the time, Asbelle recalled. He remembers getting assistance from a retired official of Bakelite (a plastics firm) to design and build the first plastic artificial limbs in 1943 and 1944. Before then, limbs were mostly made of wood.

Asbelle retired from the Navy when Mare Island Hospital was closed, and came to Oak Knoll as a civilian, GM 13. He retired as research director of the Amputee Center some 15 years ago, and now resides in the East Oakland Hills with his wife and former Navy Nurse, Roselle. The couple have two children, Bruce and Karen.

WWII wounded.....continued from page 1

and difficult to reach for the hospital ship (a requisitioned Matson Line luxury liner) that was bringing Pearl Harbor casualties to the mainland.

[LTJG] Lewis said he never came to Oak Knoll while he was at Mare Island, but after serving in the Pacific as a flight surgeon aboard the USS Salvo Island (CV-78), he came to the Oakland facility as its first resident on July 1, 1946 — retiring in 1949 with the rank of lieutenant commander. By then, the original 6-ward, 204-bed hospital with a staff of five medical officers, two Hospital Corps officers (now Medical Service Corps), one nurse and 50 corpsmen, had grown to a facility equipped to take care of 6,000 patients, with a military and civilian staff of 3,000.

Margaret Soto reported to Oak Knoll in August 1942 as one of the very first Navy nurses to join its staff. "I had four tours of duty in Oakland, so I can get confused" she said in a recent interview. But she does remember the burned patients she had on her surgical ward off the aircraft carrier that was sunk at the Battle of Santa Cruz Island on Oct. 26-27, the USS Hornet (CV-8).

"The burned patients stand out in my memory," she said, "because they were the ones who needed the most attention at that time. You felt so sorry for them and you tried to do all you could to ease their pain."

But despite the pain and suffering

that was pervading the entire complex, Soto marvelled at the movingly tender moments; for example, "...the way the patients would help each other. Those who couldn't feed themselves were fed by their shipmates; the amputees were wheeled by the able-bodied casualties — always cheerful in spite of their wounds, no matter how severe. It was incredible."

ENS Soto, who retired from Oak Knoll as a lieutenant commander in 1964, said that the military dignitaries, the outside community and the American Red Cross were especially generous in giving of their time. Particular individuals are etched in her memory: Admiral Chester Nimitz; such entertainers as Bing Crosby, Bob Hope, Dinah Shore, Doris Day, Shirley Temple, Ertha Kitt and many others.

"Admiral Nimitz was a doll," Soto said, proudly displaying a personalized autographed portrait of the admiral. "He was so good to the sailors and patients. He always talked to them and would pass the time of day with them. I saw even more of him when I transferred to the Orthopedic Ward, where he was a frequent visitor."

A former commander-in-chief of the Pacific Fleet, ADM Nimitz continued his association with Oak Knoll until his death on Feb. 20, 1966, two weeks after his discharge from the naval hospital.

"I also remember Mrs. Nimitz and

the owner of the Omar Khayyam Restaurant," Soto continued, explaining that Mrs. Nimitz was a Grey Lady (volunteer Red Cross), and Omar Khayyam a Persian restaurant in San Francisco whose owner was always giving free meals to patients.

There was also some very positive developments in the field of Navy Medicine, and the Amputee Center is probably one of the most important in the annals of NAVHOSP Oakland.

According to Dr. Lewis and Charles Asbelle, it all started at Naval Hospital Mare Island, where pioneering experimentation took place under the leadership of, then, CDR Douglas Toffelmier, MC, officer in charge of the brace shop.

Charles Asbelle, who was stationed at Mare Island Naval Hospital from 1943 to 1950, first as a pharmacist mate, then as a lieutenant, retired as a Reserve Medical Service Corps lieutenant commander and came to Oak Knoll as a GM 13 civilian in 1950 with the staff of the amputee facility. He was first assistant research director, and later on director.

"Seven amputees from Pearl Harbor came to Mare Island originally," Asbelle recalled. "So, when Dr. Toffelmier joined the Orthopedic staff, we set up shop in the basement of the Administration Building and, later, designed an artificial limb facility that eventually transferred to Oak Knoll under the leadership of CAPT Thomas Canty, MC."

Lewis, who was interning on the Orthopedic Ward under Dr. Toffelmier, recalled that the latter hired a bracemaker from the East Bay, Matthew Laurence [SIC], to make braces and suction sockets.

"We designed a facility with a production capability of 500 artificial limbs and 500 braces a year," Asbelle continued. "But during our first year of operation, we produced 555 artificial limbs and over 800 braces. During WWII and up to the time we moved to Oak Knoll, we must have had about 1800 amputee patients." (In an article by Registered Nurse Dorothy W. Errara, published in June 1957 in "Hospital Topics," San Leandro, Calif., the figure is cited as 3,000).

Oak Knoll Hospital rose to great heights after its modest beginning on July 1, 1942. Yet, it was the teaching, the research into fields heretofore unknown that triggered the forces that turned Oak Knoll into what it is today: a thriving, state-of-the art medical metropolis, constantly reaching to the future in order to fulfill the promise of its early years.

(Editor's Note: This article was compiled from information published in (1) The Encyclopedia of Military History; (2) H.C. 'Pat' Daly, MSC, (Ret.), The USS Solace Was There (Chapter 4); and (3) in historical material furnished by the Bureau of Medicine and Surgery).



Underneath this hat is Marie "THE BODY" MacDonald — another welcome visitor to the hospital during World War II. (Official U.S. Navy photo)



Twelve Men

On June 10 [1944], in ceremonies befitting our country's best military band making its first appearance at such an event.

The following awards were granted: Henry Thomas Landry, William H. Brazelton, Platoon Sgt., USMC, Bronze Star Medal; Purple Heart Citation (No Medal); Bud Lyne Bybee, F2/c, V8, MOMM2/c, USNR, Purple Heart; Leroy B. Chiles, Pfc., USMC, Unit Citation; Phillip Jenner McGuire, Jr., Cphm, USN, Unit Citation.

(Reproduced from The Oak Leaf, Vol. 3, #4, Saturday, June 10, 1944)



Waves help wounded men to learn the techniques of weaving in occupational therapy — an important part of the hospital rehabilitation program (1944, official U.S. Navy photo).



January 8, 1943

True friendship is based on one's appreciation of another's worth, and worth is usually manifested in times of adversity or in critical situations.

If this be true, it is no wonder that there is such a fine spirit among the patients of this hospital. They have seen each other where worth is really put to the test. They have seen character come through in a way that only they can fully understand, and, without putting it in words or being quite conscious of it even, they appreciate each other's worth in a way that cannot be measured. Hence the esteem they entertain for each other and the interest they have in each other fellow's comfort and well-being.

We only wish that our civilian population were in a position to see what we see day after day. Their idealism and their charity would receive a lift that would destroy even the roots of selfishness.

We hope, and not in vain, that spirit will continue to inspire these men through the remaining years in the service and well into the civilian life to follow. The world will then be a better place. (Reprinted from "The Oak Leaf," Jan. 8, 1943)

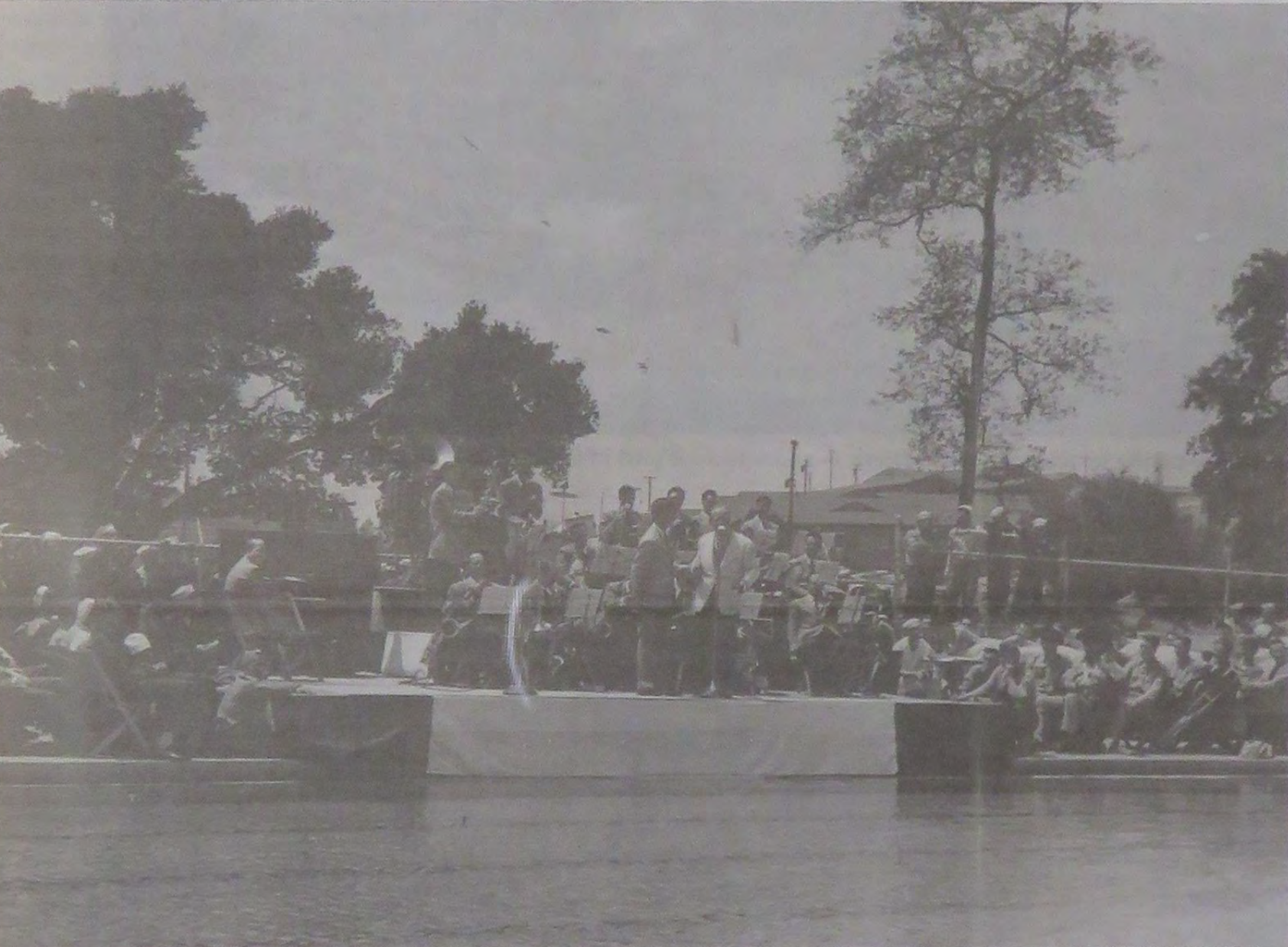
Awards at Gendreau Circle

men proudly received awards for their valor. Captain Dearing officiated, with the station

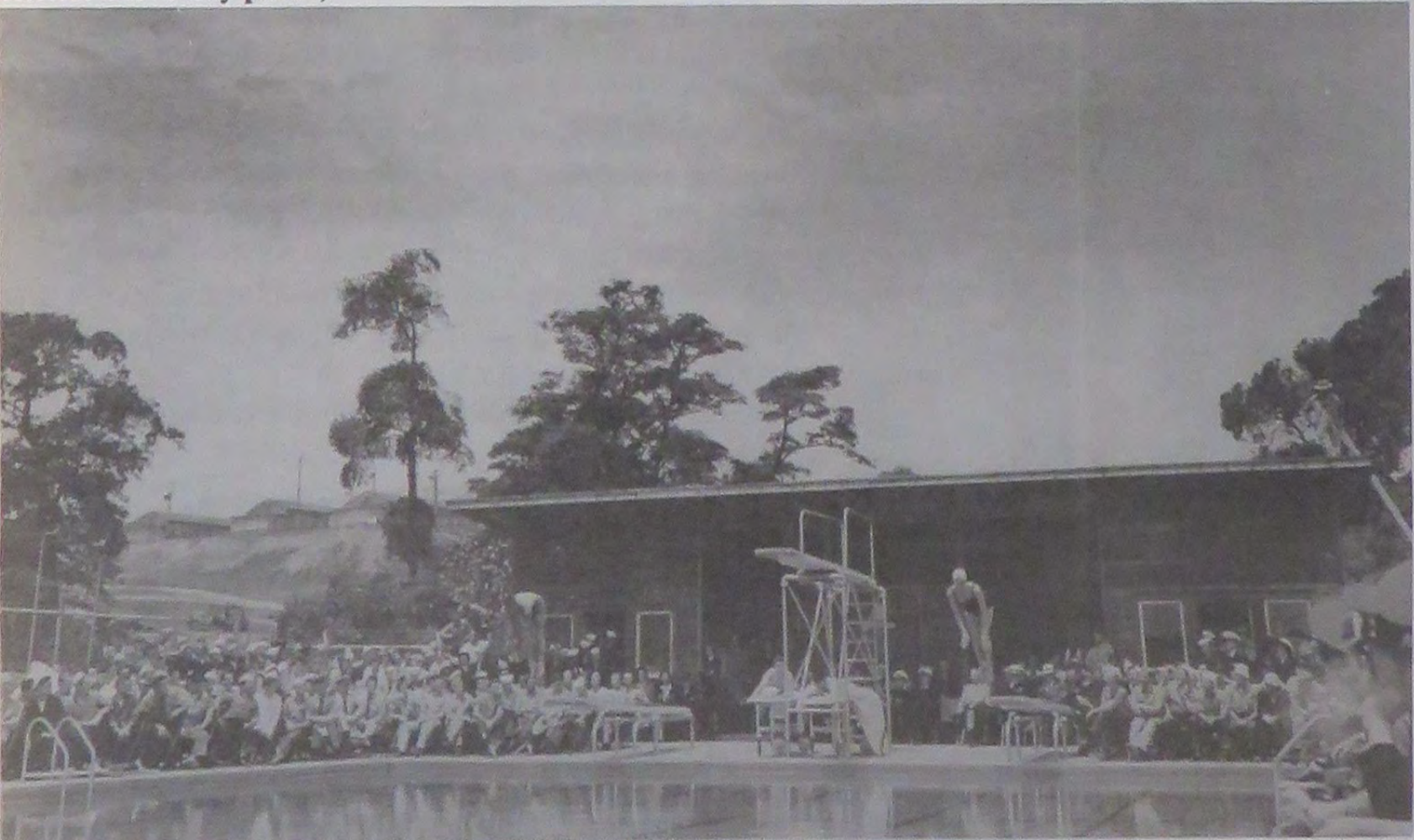
USNR, Air Medal and Citation; George W. McCarthy, ARM1, Air Medal and Citation; sic; James Allen Fry, AMM1/c, USN, Purple Heart; Lawrence L. Norman, Pfc, USNR, le Heart; Keith Lynwood Robeson, Phm 2/c, USN, Purple Heart; Harry Ralph Lessar, art; James T. Bass, Pfc., USMCR, Purple Heart; Roy L. Williamson, Jr., AOM3/c, USN,



Frances Langford was traveling with the Bob Hope troupe when she sang such songs as "You Made Me Love You" and "Night and Day" here in October 1944. (Official U.S. Navy photo).



Special ceremonies marked the opening of Oak Knoll's outdoor swimming pool. Kay Kyser and his band raised \$26,000 at a benefit dance in downtown Oakland, and the city contributed the remaining funds necessary for the construction. Oakland mayor, John F. Slavich, is at the microphone. (June 24, 1944; official U.S. Navy photo).



The commissioning ceremony of our new swimming pool will long be remembered by those who attended as one of the finest and most amusing shows ever given on this compound. Climaxing the show, and Kay's graceful, breathtaking striptease was his championship belly-flop into the new pool, just to please some unbeliever from Missouri.

Mr. Kyser was presented a scroll by Mayor John F. Slavich, expressing the gratitude of the citizenry of Oakland for making possible, through his unselfish efforts, the pool and bathhouse. Captain A. H. Dearing, our commanding officer, was presented an official deed to the swimming pool, by the Mayor.



Bob Hope was another favorite with patients and staff. He is shown here beaming with good will. (October 1944; official U.S. Navy photo).

January 15, 1943

SOMEONE TALKED TOO MUCH

Someone lost a well loved son,
Some baby lost a dad-
Some wife became a widow too soon,
When she lost a sailor lad.
Some clean-limbed boy is cripple,
And some no longer see,
Someone has a broken heart,
And someone has ceased to be.

Thousands are fighting and dying,
Thousands are worried sick,
Thousands are homeless and harried
Thousands succumb to the trick.
A trick that was fostered and carried on,
By those that believed in such,
A trick helped by someone, meaning no wrong,
But someone talked too much.

Be sparing of words,
Be clear in your thoughts,
Be strong in your efforts too.
Give all you can for your country's defense.
For your country, my friend, is YOU.

Bing Crosby and USO troupe hold premiere at Oak Knoll



Bing Crosby (left) cracks jokes with sidekick, Joe DeRita, to the delight of patients. (Official U.S. Navy photo)

Oak Knoll welcomed Bing Crosby and his USO troupe royally here Saturday afternoon, August 5, with an amphitheater crammed with patients and personnel, the overflow literally hanging from the trees. In return they were given a bang-up, morale-boosting show under the direction of the debonair Bing.

Highlighting the show were blonde, curvesome Darlene Garner and slim, sultry Jeanie Darrell, both of whom wowed the GI's with torrid ballads. In addition, Darlene danced entrancingly and Jeanie pulled MB 2/c Jimmie out of the audience and gave him a few moments and a kiss he will long remember to the tune of "All of Me." Let it be recorded that Jimmie handled the situation in the best Oak Knoll tradition.

Playing the comic to Bing's straight man and bringing the house down with his bumbling innuendo was portly little Joe DeRita. Joe is a veteran of overseas USO units, having just returned from a tour of the Solomons with Randolph Scott.

Besides furnishing the music for the show with accordion and guitar, Baxter and Harris joined Bing to form a vocal trio, dubbed by Crosby as "The Poor Man's Merry Macs."

Above all there was Bing with his singing and suave patter. He was on the stage most of the time and the audience loved every minute of it. Announcing that Bob Hope had been sent overseas on the "Lend Louse" program, he went on to say that it was a pleasure to be hitting the road without Hope—any kind of road. Among the songs he gave out with, "San Fernando Valley" and something about "Swinging on a Star" particularly pleased the crowd.

After the big show, Bing and his troupe gave an abbreviated version of the show in two wards before they had to pull out for Shoemaker [a former US Army hospital located on today's site of Santa Rita Alameda County Jail]. (Reprinted from "The Oak Leaf," Vol. 3, #8, Saturday, Aug. 19, 1944)



Bing Crosby (left) in conversation with Oak Knoll's commanding officer from 1944-47, CAPT Arthur H. Dearing. (Official U.S. Navy photo)

Albert B. Montgomery, Lieut.

Our First Lieutenant.

Born: 12 Dec. 1886 at Jeffersonville, Indiana

Educated: Public Schools

Enlisted: HA, 9 April, 1908

Promoted:

HA1/c, 9 April, 1909

HS 13 AUGust, 1913

Pharmacist, 24 September, 1917

CPhM, 15 May, 1919

Lieut. (HC) 15 June, 1942

Ships and stations:

USS Franklin

Naval Hosp, Washington, D.C.

USS Virginia

USS Louisiana

Training Station, Norfolk, VA.

Recruiting Station, Chicago, Ill.

Naval Hosp, Brooklyn, N.Y.

Naval Dispensary, Washington, D.C.

USS Cassin

Naval Academy, Annapolis, MD.

Naval Hosp (Base) Unit No.4,

Queenstown, Ireland

USS Mobile

Naval Operating Base, Hampton Roads, VA.

Guardia Dominicana Dominican

Nacional Republic

Bureau of Medicine and Surgery,

Navy Department

Naval Hosp, Pearl Harbor, HI.

Naval Hosp. San Diego, Calif.

Naval Training Station, San Diego, Calif.

Destroyers Battle Force, U.S. Fleet

Naval Hosp. Philadelphia, PA.

Inspection Medical Dept. Activities, East Coast

Inspection Medical Dept. Activities, Pacific Coast

Married: 16 January, 1922 — Miss Mabel A. Dersham at Cleveland, OH.

Children: Madelyn - Age 19
Robert - Age 14

Mr. Montgomery is not only to be congratulated by the Officers but is to be respected and admired by all of the enlisted personnel. His record, should be an example of what an enlisted man can accomplish if he really has the ambition, a firmly resolved mind and a strong character.

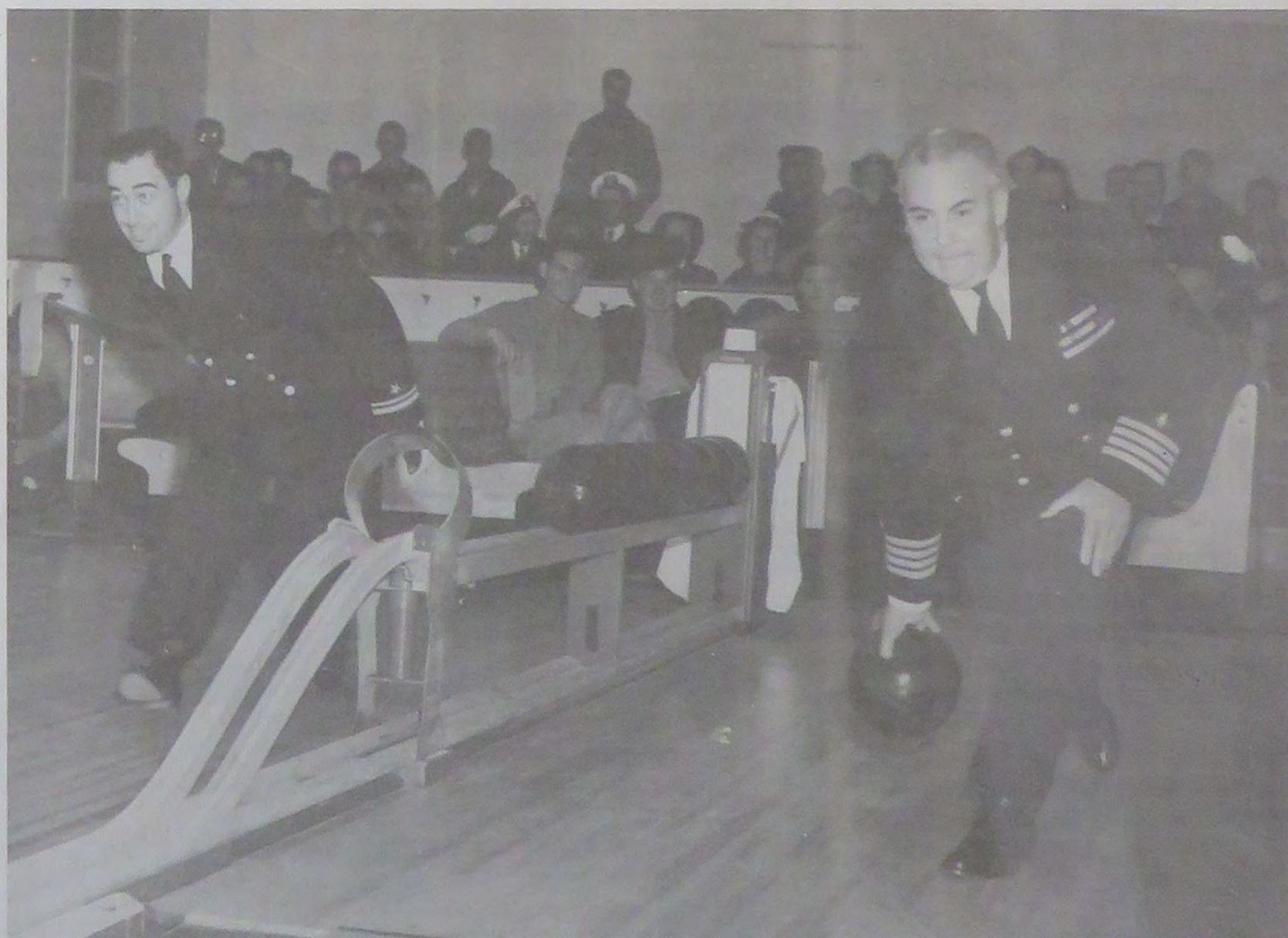
Amongst Lieut. Montgomery's treasures are two copies of orders sent him signed by our President, FRANKLIN DELANO ROOSEVELT at the time he was Secretary of the Navy in 1918.

"The OAK LEAF" is proud to have the opportunity of publishing the biography of such an experienced Officer.

(Editors Note: Text is reproduced exactly as it was published on Dec. 18, 1942)



Present at Oak Knoll Naval Hospital on its opening day in 1942 were: First row: (from left) Mary R. Inberg, Fred A. Robinson, LCDR A. B. Montgomery, HC (first director for administration), Charles J. Heinemann and Betty H. Jones. Second row: (from left) John W. Eslinger, Arthur C. Kerby, Wm. P. Gross, Jack K. Brewer, Cayetano Rosario and Bernard Garcia. (July 1, 1942; official U.S. Navy photo).



CAPT A. H. Dearing, MC, USN, Commanding Officer, and LTJG W. Carey, USNR, Special Services Officer, rolled the first balls when Oak Knoll's \$10,000 bowling alley, donated by the California Jockey Association, opened. (June 1944; official U.S. Navy photo).



Milkshakes and sandwiches are popular meals at the Ship's Service Fountain under the management of Mrs. Nicholson. (September 1944; official U.S. Navy photo).



CAPT Paul Michael, MC, USNR, (Ret.), who attended commissioning on July 1, 1942 and supervised arrival of first patients, came back for dedication of the new building. He renewed acquaintances with Claire Martini, who as an employee of K.E. Parker Co., "helped build Oak Knoll in 1942" and is still on the staff, and RADM H. A. Dearing, MC, USN, (Ret.), a WW II commanding officer. Other former commanding officers attending were retired RADMs S. S. Cook and Thomas G. Hayes. (June 29, 1968; official U.S. Navy photo)



California live oaks frame the building that housed the administrative offices of Oak Knoll Naval Hospital, the site of today's General Library, Naval School of Health Sciences San Diego Detachment and the base Post Office. (Official U.S. Navy photo).

YOU NAME IT !!!

STATION PAPER

U.S. NAVAL HOSPITAL

SECOND EDITION

CONTEST HELD OVER !!!

The response for names has been tremendous and so many shipmates are anxious to enter a name for your paper that we have decided to hold the contest over for another week. All names must be in the Chaplain's Office by 1200, Tuesday, Nov 3d. It is our sincere desire to thank everyone for contributing articles and for responding so quickly to the Contest.

A famous Hollywood Hospital, often in the news, has lost one of its best staff surgical nurses, who was with them for more than ten years, to our Naval Hospital. Boy! Aren't we lucky!....

NAVY NAMES IT

A "O.I.".....A wolf on the loose. Dispensary.....A place where everything from a broken arm to a broken head is painted with Mercurochrome and then marked "duty".

KNOW YOUR OFFICERS

FREDERICK R. HOOK, CAPTAIN (MC) USN.
Our Commanding Officer

Born: Rossville, Kansas on March 19, 1889
Graduated: University Medicine School, Kansas City, Mo., 1913
Entered the United States Navy: April - 1913
Served overseas with the Fifth Regiment U.S. Marines from June, 1917 to March, 1918.
Received for service overseas the following decorations:
1. Navy Cross
2. Army Distinguished Service Cross
3. Silver Star with palm
4. Croix-de-guerre - (two citations).
Has served on the following ships and stations:
1. USS Relief (two tours)
2. USS Hospital-Brooklyn, N.Y.
3. USS Hospital-New York
4. USS Hospital-Grunt Lakes, Ill.
5. USS Hospital-San Diego, Calif.
6. USS Hospital-Pearl Harbor, T.H. (con't-next page)

WEDDING BELLS

HANCOCK-PATTER

Although several patients have been married of late the honor of being the first couple to marry on the Station Compound goes to **CHARLES LEE HANCOCK, CH2/c, USN**, and **MARGARET JANE PATTEN**, both from Rockville, Indiana, married in the Chapel by the Station Chaplain, Norman H. Flowers on Sunday, October 25 at 1230. Witnesses were Corp. Guy L. Payne, USMC of Rockville, a home town friend and Bob F. Steele, Cox, USN, a ward-mate of the lucky groom.

HONORABLE MENTION TO:
PRIVATE EUGENE MOORE, USMC, a real Marine whose daring encounter with the Jap rats have plunged his friendly smile---gets off to more Marinas like him.....**EMIGEN K. V. THOMPSON** for his cheery "hello's".....**OWHERE, PH2/c**, again this week by request from appreciative patients of 7-A.....**EMIGEN D. E. STRECK** and **EMIGEN S. G. HARRIS**---our idea of two real small nurses.....**CMGN FENNERMAN**---we like the spirit of friendliness his men convey to the patients.....Oh! What about our small Switchboard operators?.... Yeah! Here's to their contagious smiles.....'sail.

WEDDING BELLS

KEILS-STEDY

CURTIS JOHN KEILS of Strator, Ill. and **MARGIE JEAN STEDY** of Harvey, Ill. Married in the Station Chapel October 26 at 1230. Witnesses-Martha S. Penner of Hayward, Calif. and Lieut. Comdr. A. S. Hovy, (MC) USN Hospital, Oakland, Calif.

It is estimated by Facts Digest that the amount of lipstick used last year by American women would have painted 40,000 barns bright red. What say? Shall we conserve essential materials?

Pay Day Soon!!!---BUY BONDS!!!!

SPORTS SCUTTLEDUTT

WANTED....40 or 50 men, personnel or patients, to attend the prize fights in Oakland next Wednesday night. TO CLINGERS. The Boilermakers Union is sending out a large bus to transport men to and from the fights. Be on hand in front of the Administration Bldg., by 1030. If you do not have regular liberty perhaps arrangements may be made for you to go..... This holds good rain or shine.

I ONLY HEARD THAT.....
Corporal, SC2/c-**USS HURBLE-HEAD** is going to Reno, Nev. this week-end---with a piece of parchment too.....Who locked the Librarian in the storeroom?.....The let her out and Why?.....What part young office girl has a habit of walking home alone each evening---surely a little company wouldn't be too bad?.....That patient after receiving many favors from all concerned has made it awfully tough on those deserving considerations by coxing in inebriated while (restricted)?.....That certain Corporal waited until 2 AM last Saturday night in a Q.I. with a gal he'd never seen?.....That puella seems to be spreading little is known of this affliction except that the only punishment is complete isolation. It often develops into consensual Bowers of exposure. Symptoms: recent stress, nervousness and loss of sleep..... Three young mates are due for a show-down if they don't quit abusing liberty privileges..... Whose two mates in Surgery with a dishart.....It's a scuttie-but I'll see you next week.....

OREGON vs CALIFORNIA.....
The big game of the week-end---held in the Memorial Stadium, Saturday.
Free tickets together with the Santa Clara--U. of San Francisco contest, Sunday at Koser Stadium may be obtained at the Chaplain's Office.

Athletic equipment has been purchased by the Hospital through the Ships Service Department. It will soon be available to patients and personnel.

We have noticed considerable turn-out for villas, jewelry and rare dishart.....Smell! I'll see you next week.....

Pay Day Soon!!!---BUY BONDS!!!!

ANNOUNCEMENT

LIBRARY NOTES

Thursday was moving day for the Library when the rest of the books were moved to the Recreation Center. The Library has about six-thousand books and has subscribed to about fifty magazines. Corporal O'Brien and Patients Skye, Dahlberg, Garcia, Dayton, Tim and various volunteers have been helping the Librarian, Miss Baker, prepare the books for circulation. Patients and Nurses are using the Library in increasing numbers, and agree that the newly renovated furniture is very comfortable.

Many new articles have been added in the Ship Service Department---Barbershop and soda fountain are now operating.

Have YOU taken out YOUR National Service Life Insurance? The Chaplain's Office has all the forms and will be glad to assist you in filling them out correctly.

DIVINE SERVICES

Catholic Mass..... 0630
Protestant Worship..... 0930
All Hands singing..... 1730
Catholic Confessions
Saturday 1300-1400

MOVIES-----

Saturday: "Bad Time Story"
Loretta Young & Carey Grant
Sunday: "Song of the Island"
Bette Grable & Victor Mature
(Shorts with each feature)

After reading the new tax schedule Dr. Smith informs us he is sure he will not have any jingle, jangle, jingle in his pockets.....



CAPT. Frederick R. Hook, MC, USN

The Oak Leaf

61st Edition January 1, 1943 Oakland, Calif.

Greetings From the Commanding Officer

At the close of the year, we pause to look back upon the path that we have traveled and find it made up of the stepping stones contributed by each individual in our organization. The achievement of the Commanding Officer is only the sum total of the efforts of his entire staff.

To all Officers, Nurses, Hospital Corporals, Civilian Employees and Patients I desire to express my appreciation for your loyalty and cooperation and wish you all a Merry Christmas and a Happy New Year.

428

The Oak Leaf

11th Edition January 1, 1943 Oakland, Calif.

Happy New Year

1943

HAPPY NEW YEAR -- No greater expression of hope can greet us than this time worn one, but this year it means more than it has for several years. As part of the armed forces of this re-born nation in the world, we have been preparing to make happiness possible for all the peoples of the world. Many of you have, by your sacrifices, laid the foundation upon which we shall attempt to build in the year of 1943. May God grant to us a happy, victorious conclusion of our struggle before the close of this year. Then, indeed, it will be a HAPPY NEW YEAR.

Red Cross Items

March is designated by President Roosevelt as Red Cross Month. You will hear about the War Fund Campaign over your radios and see it on posters everywhere. It's the first drive for money the Red Cross has made since war was declared, and here are some of the needs the Fund will supply.

Services to the Armed Forces which include Red Cross Service in Army and Navy hospitals, Camp Service and home service for service men and their families and for disabled ex-service men. Blood donor service for plasma, Emergency Morale and Recreation supplies, Chapter production of sweaters, kit bags, and other articles, service men's club overseas, and service to U.S. prisoners of war.

On the home front these are the services of the Red Cross: Disaster Relief and War Relief, and Health, Education and Safety Services. \$125,000,000 (sic) is the goal of this drive and it will take all of that to get this work done!

New talent arrived on the last convoy, we've heard. Sign up for the all Sailor and Marine show getting under way. See Miss Peterson or Mrs. Jones of the Red Cross Staff.

The Oak Leaf

61st Edition July 30, 1943 Oakland, California

POWER TO WIN

The Oak Leaf

11th Edition January 1, 1943 Oakland, Calif.

FREEDOM of SPEECH

THE OAK LEAF

49th Edition September 21, 1943 Oakland, California

BUY BONDS

THE OAK LEAF

49th Edition October 1, 1943 Oakland, California



The Red Rover

The
Navy's
First
Commissioned
Hospital
Ship

Vol. 4 No. 11

Naval Hospital Oakland, California

July 31, 1992

Oak Knoll celebrates golden anniversary

By A. Marechal-Workman

The California sun beamed on a radiant crowd as, on July 24, 1992, NAVHOSP Oakland celebrated its golden anniversary with pomp and circumstance.

With the Sixth United States Army Band providing appropriate martial music and Marine Corps Security Force Company, NAS Alameda, posting the colors, an impressive ceremony followed.

After welcoming remarks by NAVHOSP Oakland commanding officer, RADM William A. Buckendorf, MC, USN, CAPT Noel A. Hyde, the hospital's executive officer, introduced the two guest speakers and acknowledged distinguished and honored guests. RADM Robert Toney, USN(Ret.), president of the Oakland Chamber of Commerce, and Kenneth Warr,

national service officer supervisor, Northern California Disabled American Veterans, were the guest speakers; honored guests were former Oak Knoll military and civilian staff members who served during the early years of the hospital commissioning on July 1, 1942.

After giving an eloquent historical overview of the hospital's 50 years of dedicated war and peacetime service, including the recent difficulties of Operation Desert Shield/Storm, RADM Buckendorf concluded: "We're now back steaming and I would say that we're steaming with all boilers on line. The fact of the matter is, this hospital gets better and better with age."

Kenneth Warr reminded the audience of the many years of quality service NAVHOSP Oakland gave, and continue to give to American veterans of three wars. "The tradi-

tion of this hospital as a part of the community is well known," he said. "It is a tradition that other facilities work toward."

R A D M Toney's remarks focused on the command's involvement with both the Bay Area military and civilian communities.

"We all know that Naval Hospital Oakland is the centerpiece of a powerful and efficient system that exists on the East side of San Francisco Bay,"

he said. "It takes care of our people — the most important element of our defense equation. And it is my

belief that this system has no peers,

See Anniversary, pp.4,5



RADM Buckendorf (second from right) cuts the birthday cake with RADM Lonergan (right), CAPT Strom (left) and WWII Nurse Soto. RADM Lonergan and CAPT Strom are former Oak Knoll commanding officers. (Official U.S. Navy photo by HM2 James Sandridge)

Carol Jones

is civilian of the quarter

Civilian of the Quarter Carol James may have spent most of her growing years in Germany as a military daughter and U. S. Army wife, but it is Naval Hospital Oakland's Orthopaedic Department that captured her attention since she came to work in May 1988.

And while she talks enthusiastically about her assignment in the Heidelberg/Mannheim area of what was called West Germany, she said that her four years at the naval hospital have been an ever-changing challenge.

"It is almost impossible to describe a 'typical day' in orthopaedics," she said, "because, since coming to the department four years ago, every day is a new challenge, a new crisis to get through or new problems to solve. I can honestly say that I have never worked in a busier office, or seen so much paperwork!"

According to her supervisor, CAPT A. H. Alexander, MC, USN, chairman of the Department of Orthopaedic Surgery, James is "simply the most outstanding secretary, bar none. Enthusiastic, dedicated and meticulous, she labors to keep the department functioning smoothly no matter what the current 'crisis...' sometimes [taking] her work home with her," doing some of her correspondence "in peace and quiet" on a home computer she purchased for the purpose.

James came to Naval Hospital Oakland from Letterman Army Medical Center, where she was working for the chairman of the Radiology Department. She worked in several other U.S. Army hospitals and at Naval Air Station Moffett Field Branch Clinic before that after leaving Germany, where her husband, CMC William D. James, had been stationed before retiring in 1988.

Bravo Zulu to Carol James for a job well done.

Tobacco and Health

What are the risks of tobacco?

By CAPT David B. Moyer, MC



Is the American public misinformed about the true health hazards of tobacco? A recent Harris Poll survey (Table I) illustrates that the answer, unfortunately, is yes. When asked the ten most important things to do to protect one's health, health professionals ranked not smoking, wearing seat belt and not driving after drinking at the top of the list. When the general public was asked the same question, the results were much different. That there is awareness of the dangers of driving after drinking is well known, and this was put at the top of the general public's rankings. However, wearing seat belts doesn't appear anywhere on the list, and not smoking is way down in the number ten spot as a priority.

Although most Americans are aware of the potential health

hazards of tobacco, they greatly underestimate the real dangers of smoking, as compared with other health risks. The specifics of the risk involved with the habit need to be better known. To put the prob-

lem in perspective, a young adult who chooses not to smoke has about a 15 percent chance of dying before age 65. A young adult smoker,

however, has about a 40 percent chance of dying before age 65, or almost triple the risk of early and premature death. Tobacco is responsible for almost one out of every five deaths in the United States, or about half a million a year. There are more deaths from smoking every two months than there were from AIDS in the entire decade of the 1980s.

An individual smoker has about a 40 percent risk of eventually dying from the habit and, on the average, this risk group will lose 21 years of life. An all-typical example is Bartlett Giametti, the former Yale president and baseball commis-

sioner, who dropped dead last year at 51.

The magnitude of the risk is such that for every American who

dies from crack or cocaine, more than 100 die from tobacco-induced disease, even though drug abuse receives as much or more attention as a public health problem. The number of deaths caused by tobacco in the next decade in the United States will actually exceed the combined populations of the cities of San Francisco, Oakland, Washington, D.C., Boston, Denver, Minneapolis, Seattle, Miami and Atlanta.

But there is good news as well. More than 40 million Americans are successful long-term quitters, and most of the health risks associated with tobacco are reversible. For example, a fifty-year-old life-long smoker who quits doubles his/her chances of living until 65, and even a 65-year-old smoker who quits can expect an increase of life expectancy of several years.

Therefore, it is never too late to quit, and smoking cessation courses are available at the hospital and branch medical clinics for all medical beneficiaries who need or wish help.

(Editor's Note: CAPT Moyer is head, Allergy Clinic and subject matter expert to the surgeon general for tobacco and related issues)

Table I

The most important things to do to protect one's health

Health professionals' rankings

1. Do not smoke
2. Wear seat belts
3. Never drive after drinking

General public's rankings

1. Never drive after drinking
2. Breathe air of acceptable quality
3. Drink water of acceptable quality
4. Have smoke detector in home
5. Maintain recommended weight
6. Keep track of blood pressure
7. Control stress
8. Take adequate vitamins and minerals
9. Exercise regularly
10. Do not smoke

NAVCARE Clinic is alive and well

By Carol Rees, RN

Erroneous rumors that NAVCARE Clinic is closing, or has already closed, have been flying throughout the military community. The following article about accessibility of care to retirees by Carol Rees, RN, NAVCARE patient contact representative, should quell such rumors and reassure beneficia-

ries that the clinic is alive and well — just as ready to provide health care for them seven days a week, 365 days a year, as it was four years ago when it opened July 18, 1988.

More and more retirees and their dependents are heading for NAVCARE. Many are still out there in the catchment area, wondering what is

NAVCARE. It is a primary care clinic located at 8450 Edes Ave. in Oakland. It provides treatment for infectious diseases, such as colds and flu, as well as chronic problems, such as hypertension, diabetes and arthritis. Annual physicals, pap smears, mammograms, cholesterol testing and yearly flu shots are all offered free of charge to all eligible retirees. Below are



answers to questions most often asked by prospective patients.

See NAVCARE, page 8

From the executive officer

"The task of leadership is not to put greatness into humanity, but to elicit it, for the greatness is already there."

John Buchan, 1875-1940

John Buchan may have had a vision of future leadership goals, revolving around Total Quality Leadership (TQL) principles, when he shared his views of leadership with us. With the current downsizing trend in the Navy, use of TQL methods will help us work smarter, not harder, in a period of limited resources.

Some of the common attributes found in TQL-focused operations included: the customer defining quality, using the team approach, education and training being seen as vital, continually improving processes, managers listening to their people and emphasizing doing the job right the first time. According to TQL advocates, one of the most important questions a manager can ask is, "What, today, is impossible to do in my operation but, if adopted, would fundamentally change it for the better?" I believe each of us should ask ourselves



CAPT Noel A. Hyde

this question as it applies to our own duties and areas of responsibility. Our responses can serve as a basis for goal-setting and planning for our future.

Surgeon General of the Navy VADM Donald F. Hagen, MC, USN, testifying before a subcommittee of the House Armed Services Committee on Apr. 7, reaffirmed his support and commitment to the Navy Medical Department Strategic Plan, of which Strategic Goal Number One states: "The Navy Medical Department will embrace and implement a total quality leadership." VADM Hagen stated during his closing

remarks, "There are no simple solutions to the complex array of challenges we face. We in Navy Medicine will spend our energy seeking improvements in all we do on a continuing basis. Small improvements build on one another to cause significant change in the way we do business. We are institutionalizing this process in Navy Medicine through Total Quality Leadership."

With this in mind, and putting TQL principles to work in our daily routine, let us look for small improvements that we can use as stepping stones to a better way of doing business.

Active duty - beware, medical care can cost you!

By ENS. J.A. Olson, MSC, USNR
Head, Patient Administration

The Naval Office of Medical/Dental Affairs in Great Lakes has devised a set of guidelines to expedite payment for the emergency treatment of active-duty personnel in civilian medical facilities.

Upon onset of illness or injury requiring emergent civilian care, an active-duty patient should proceed to the nearest emergency room and provide their current home address or active-duty station. Active-duty personnel in civilian ambulances should request transport to the closest

military medical treatment facility if medically appropriate.

Within three to four weeks, an itemized billing statement (UB82) will be mailed for payment. If you have not received a bill in that time frame, contact the treating facility or ambulance service and request a copy immediately!

Once the billing statement has been received, take it to your nearest medical department representative for completion of a Nonnaval Healthcare Claim Form (NAVMED 6320/10). The medical department representative will review each claim and certify emergency by signature in block

24. The patient should forward the bill and NAVMED 6320/10 to Office of Medical/Dental Affairs, Great Lakes, Ill. As long as care was for an emergency, payment will be rendered. BEWARE: IMPROPER USE OF CIVILIAN SERVICES WILL NOT BE COVERED!!

Permanent change of station moves and release from active duty do not release you from having to submit a claim. If you are the type that lets things slide, your credit report will eventually reflect your mistake! For further information, contact Patient Services, Naval Hospital Oakland, 510-633-6035 or 6351.

Listening Box

Q: I don't think enlisted personnel should wear white coats because it is harder to distinguish them from doctors.

A: The issue of white coats being worn by

the staff, both officer and enlisted, at NAVHOSP Oakland is for their protection from infectious material, stains, etc... The doctor's coats are stenciled with their respective names for identification. All enlisted personnel must

have their rate and caduceus on their collar for specific name tags. These coats are to be worn over the individual's uniform shirt, not in place of it. Thank you for your time and interest.

S/RADM William A. Buckendorf

Naval Hospital Oakland June Awards

Length of Service Award	10 yrs. Gail Engler Michon Johnson 20 yrs. Erlinda B. Guzman 30 yrs. Adriano J. Tecson 40 yrs. Arthur A. Coppin
Sailor of the Month for May	HM1 Sarmiento Sisson
Good Conduct Award (First)	HM3 Martin Aguilar HM3 Michael Alan Harris HM3 Marc Elwood Mooney HM2 Alma Cruz
Good Conduct Award (Second)	HM2 Lawrence James Faucette HM2 Eulo Domingo Parades
Good Conduct Award (Third)	MMC Clarence DeForest Arnold
Navy Achievement Medal (First)	HM3 Vic Mandella HM2 Martin Robbins LTJG Cynthia Manning LT David A. Tam LT William B. Tancer
Army Achievement Medal (First)	HN Troy S. Williams HM3 Colleen E. Brown HM3 Trent D. Edwards HM2 Sydney A. Barnwell
Navy Achievement Medal (Second)	MS1 Donald Wafford
Navy Commendation Medal (First)	LT Francis E. Walsh
Army Commendation Medal (First)	HM2 Kevin Robarge
Navy Commendation Medal (Second)	LCDR Robert Englehart
Meritorious Service Medal (First)	CAPT Michael J. Little

June Sailor of the Month

HM2 Angelo A. Boholst, who was named June Sailor of the Month, is leading petty officer in the Health Promotion Department. He was selected by a board made up of five senior enlisted chief petty officers for his "sustained superior performance in taking responsibility for preparing the logistics of implementing the commanding officer's reorganizational plan," among other things.

A native of Cebu in the Philippine Islands, HM2 Boholst was nominated by LCDR R. J. Burton, head of the Wellness Department, for his diligence and "masterful control of the different aspects of the [Wellness Department's]



operation." HM2 Boholst said he "fully advocates the principles of Total Quality Leadership."

Bravo Zulu HM2 Boholst for a job well done!

Naval Hospital Oakland

has

a new improved
Patient Appointment
System.

Call (510) 633-6000
to schedule and cancel
all clinic appointments,
Monday through Friday,
from 8 a.m. to 4:30 p.m.

Red Rover

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Commanding Officer	Rear Admiral William A. Buckendorf
Executive Officer	Captain Noel A. Hyde
Public Affairs Officer, Acting	JO1 Kay Lorentz
Editor	Andree Marechal-Workman
Public Affairs Assistants	JO2 Stephen Brown JOSN Kyna S. McKimson
Editorial Assistant	LaRell Lee

Hemodialysis Unit moves into 21st Century

By JOSN Kyna S. McKimson

Recently, the Hemodialysis Unit received the new Fresenius 2008 E Dialysis Delivery System, a new type of hemodialysis machine which will not only move them into 21st Century technology, but will also allow them to better support their mission. The unit is a part of the Nephrology Department.

CDR Mark S. Duke, MC, USN, who is head of the Nephrology Department, said that his department deals "mainly with diseases related to the kidneys and the consequences that develop from those diseases." He added that the treatment for these diseases is achieved through dialysis, or what is also known as renal replacement therapy.

Currently there are four of the new machines in the department, with the promise of two additional machines in late August. "The new machines were purchased because our census of patients had been increasing since the beginning of the year," said LT Edward S. Bates, NC, USN, the division officer for the Hemodialysis Unit. He added that with the new machines, the unit will be able to give better treatment to patients and also provide more patients with

would take up to four hours," Bates said. "With the new machines we are able to provide the same service in less than three hours. We are now going to be more cost-effective and time efficient."

According to Bates, a hemodialysis treatment consists of the removal of certain elements from the blood from a patient's body using a diffusion process which is formulated between the patient's blood and a dialysate bath, then returning the blood back into the patient's bloodstream. The dialysate bath is made up of an electrolyte solution approximately the concentration of normal plasma.

"We treat patients whose kidneys have stopped working for the most part," Bates added. "Most of our patients are in what is known as end-stage renal disease which includes renal failure, acute and chronic. He also said that along with their current patient load, they treat patients who become acutely ill based on either a type of trauma or, for example, a drug overdose. He said patients are referred to his department from Urology, Cardiology and other Internal Medicine Departments.

According to Bates, the unit treats approximately eight to 10 chronic patients and an average of six to 10 acute cases a month. He said that a case is considered acute when a patient on the ward needs acute or immediate dialysis, and that many more patients are treated now than in the late 70's to early 80's.

"The first dialysis case seen at NAVHOSP Oakland was in 1952," Bates said, explaining that hemodialysis was relatively new at the time, and that the hospital purchased new equipment as the technology slowly improved.

HM2 Seleaina Thomas, leading petty officer for the unit, has been a hemodialysis apheresis technician (HAT) for five years. "A hospital corpsman here gets specialized training for the Navy Enlisted Code (NEC) 8434, HAT," she said, explaining that the training lasts seven months. "After they get their NEC, they come here and get a six-week orientation into the unit." She added that their job includes: performing administration of hemodialysis, extensive direct patient care, hemopheresis treatment, maintaining the cleanliness of the unit, performing preventive maintenance of the machines and patient education.

When dealing with patients, Thomas feels that there are two sides to dealing with a person with a disease that may be terminal. "I know that I have to be professional because each patient deserves the quality care that they came to



LT Joell Holmes explains the hemodialysis treatment to patient Arsenio Casiano. Behind them is the old hemodialysis treatment machine. (U.S. Navy photo by JOSN Kyna S. McKimson)

receive, but because of the human side and the time we spend with each patient, there is a very special emotional bonding [between patient and staff]." She added that each patient comes in for up to four hours, two or three times a week — every month, every year. "I have been here for five years; some patients have been here since I first came into the unit, but some have either become disengaged from the unit or they have passed on."

The Hemodialysis Unit is currently staffed with two Medical Corps officers, LCDR Stephen D. Fox, a staff nephrologist and CDR Mark S. Duke, head of the Nephrology Department. Also on the staff is LT Edward S. Bates, NC, division officer for the unit; four HAT's: HM2 Thomas, HM2 Michael Harris, HM3 Chris Puchino and an on-the-job-training technician, HA Pate Hudson. They also have five crossed-trained Nurse Corps officers who are part of the Intensive Care Unit: LT Timothy Bleau, LT Collette Armbruster, LT Christopher Costigen, LT Joell Holmes, and LT Pamela Burns.

In conclusion, CDR Duke gave his most sincere thanks to all of the staff of the Hemodialysis Unit involved in getting the new machines. He singled out CAPT John Little, MC, USN, Director of Medical Services for his help, as well as LT Bates and HM2 Thomas, "who worked diligently to not only get the highest quality equipment, but also get the machines in a short amount of time."



On-the-job training technician, HA Pate Hudson, checks patient Sanford Stephens' chart. Directly behind HA Hudson is the new Fresenius 2008 E Dialysis Delivery System. (U.S. Navy photo by JOSN Kyna S. McKimson)

dialysis treatment.

"With the old machines, a normal dialysis treatment

RADM Buckendorf welcomes orthopaedic surgery research residents

By CAPT A H Alexander, MC, USN

On July 24, RADM William Buckendorf welcomed those who attended the Six Annual Orthopaedic Surgery Department Resident Research Day, at which David S. Bradford, MD, was the sixth visiting professor. Dr Bradford is professor and chair at the University of California San Francisco.

RADM Buckendorf said it was fitting to have this kind of activity take place on Naval Hospital Oakland's 50th birthday. He also noted that the hospital's Orthopaedic Department should be proud to have set the standard of excellence in residency training programs in the military and for research.

At the conclusion of the program, and after hearing thirteen outstanding presentations by the naval hospital orthopaedic residents, Dr. Bradford awarded the Outstanding Resident Research Presentation to LCDR E. Bruce Bynum, MC, USNR, for his paper entitled, "Accelerated Rehabilitation After Anterior Cruciate

Ligament Reconstruction - A Randomized Study Comparing Open/Closed Kinetic Chain Exercises."

Dr. Bradford noted that the selection was a most difficult decision because several outstanding papers were so close in quality. Past winners of this competition are Medical Corps officers LCDR James D. Bruckner, LCDR Steven L. Buckley, LCDR James M. Timoney, LCDR Elias E. Khalfayan and LCDR Charles J. Kase. LCDR Bruckner is currently on the department's staff.

Past outstanding residents papers have gone on to be published in noted medical journals, and in combination, four of them have gone on to win eight additional awards for research excellence.

At the conclusion of the program, CAPT A. H. Alexander, chairperson of the Department of Orthopaedic Surgery recognized all the residents for an outstanding effort and thanked his staff — Medical Corps officers CDR C. E. Alexander, LCDRs James D. Bruckner, Randall W. Culp, Albert T. Gilpin, A. M. Jones and Peter F. Sharkey and LT Karen E. Bartku —

for assisting the residents as co-authors and faculty advisors in their research.



Visiting Professor Dr. David Bradford (left), presents the award to LCDR Bymun (center), as CAPT A. H. Alexander looks on. (Official U.S. Navy photo by NAVHOSP Oakland Photo Lab)

Sexual harassment training package

WASHINGTON (NES)...A sexual harassment training package, including a video tape made by Chief of Naval Operations ADM Frank B. Kelso II, was sent to every command in the Navy in mid-June, 1992. Its purpose is to ensure that Navy people know how to recognize sexual harassment, prevent it at their commands, report it properly when it does occur and conduct themselves appropriately at all times.

The training will be mandatory for all personnel, and must be completed by Jan. 1, 1993. It will also be a CNO special interest item on command inspections.

"This is an all-hands effort, but leadership from the top is paramount," Kelso said in a memo accompanying the package. "Your people must be able to see your clear commitment to and support of our zero-tolerance policy of sexual harassment. The time for mixed signals is past."

The package provides a standardized source of train-

ing applicable to Navy personnel at every level of the chain of command. Designed to provide command trainers with everything they need to accomplish the training, the package includes:

- * A 28-page lesson topic guide designed to teach students to:
 - understand individual rights and responsibilities and Navy leaders' responsibilities with regard to sexual harassment;
 - discuss the detrimental effects of sexual harassment;
 - identify characteristics of commands successful in preventing sexual harassment and
 - identify sexual harassment and determine appropriate actions in case studies.

* Originals for 40 transparencies to support the lesson plan. Command trainers need only copy them to transparency film.

* Sixteen case studies, based on actual incidents in the Navy, dealing with various situations related to sexual harassment. Instructors are to select the four or five which are most applicable to their students for use with the lesson. Questions are provided to help facilitators lead discussions of each case study, and discussion points are provided to ensure the most important points are covered.

* Sample notes for command plan of the day/week to publicize facts about sexual harassment, methods to deal with discrimination in any form and messages designed to help prevent sexual harassment.

* A bibliography which lists source instructions, correspondence and messages.

* A list of other resources, including current sexual harassment training, available movies/tapes and posters to publicize grievance procedures.



RADM Robert Toney poses for the camera with Margaret Miller of Oak Knoll's Microbiology Laboratory



Oak Knoll celebrates its golden anniversary

no rival anywhere."

The admiral, who commanded COMNAVBASE San Francisco from January 1981 to January 1989 and is currently president of the Oakland Chamber of Commerce, said that the hospital is "so important to the economic life of the community." "It [the hospital] is, in fact, Alameda County's largest employer, supporting more than 44,000 local jobs," he said. "It has become an intricate part of the East Bay community, providing assistance during the time of need, such as evacuation operation during the crisis and medical knowledge, military and civilian authorities matters pertaining to public health."

But it's in the area of crisis that the hospital especially shines, RADM Toney emphasized, singling out the 1989 Loma Prieta earthquake and the 1991 O'Connell firestorm as its most spectacular community contribution.

"Obviously, Naval Hospital Oakland does not sit back on its laurels and reap the rewards of its 75 years of service," he concluded.



The United States Sixth Army Band entertains the crowd



RADM Walter Lonergan stands as the XO recognizes him as an honored guest, as former Oak Knoll physician, Claude Wall, looks on.



Mrs. Robert Rishell (left) and her daughter, Lynn (center), speak with LT Kathy Bay of Oak Knoll's Primary Care Clinic during the reception.



Former Oak Knoll WWII staff members (first row) stand up as the command officer is piped in.



Continued from page 1

ary

"Instead, ladies and gentlemen, it continues to move ahead. It continues to provide high quality care. It continues to serve more than 165,000 active-duty and retired personnel and their families.

"It continues to give its knowledge, its experience, its assistance and its job opportunities back to the community that has supported it throughout all these years."

Before adjourning to a delicious buffet centered around a magnificent cake prepared by the hospital's Food Service Department, RADM Buckendorf announced the award to NAVHOSP Oakland by the secretary of the Navy of a Meritorious Unit Commendation for the period Oct. 17, 1989 to July 1, 1991.

Notable among the honored guests were RADM Walter Lonergan, MC, USN (Ret.) who, after serving as a pharmacist mate second class from 1943-45, returned to Oak Knoll on July 27, 1977 as its commanding officer. Others included two former Navy nurses: Margaret Soto, who reported aboard in August 1942, and Rachel Todd

who joined the WWII nursing staff in November 1944. Also present were three former Navy physicians: Drs. Gale Clark, Emmanuel Rollins and Claude Wall.

The ranks of former civilians were headed by Lenny Leal, who has been providing newspapers to the hospital since 1942, followed by Elizabeth Tom Tsai, who served in Patient Discharge and the Judge Advocate Office from 1942 to 1965, and Claire Martini Cepollina. An employee of the construction firm who built the original hospital, Cepollina remained on the hospital staff after the buildings were completed.

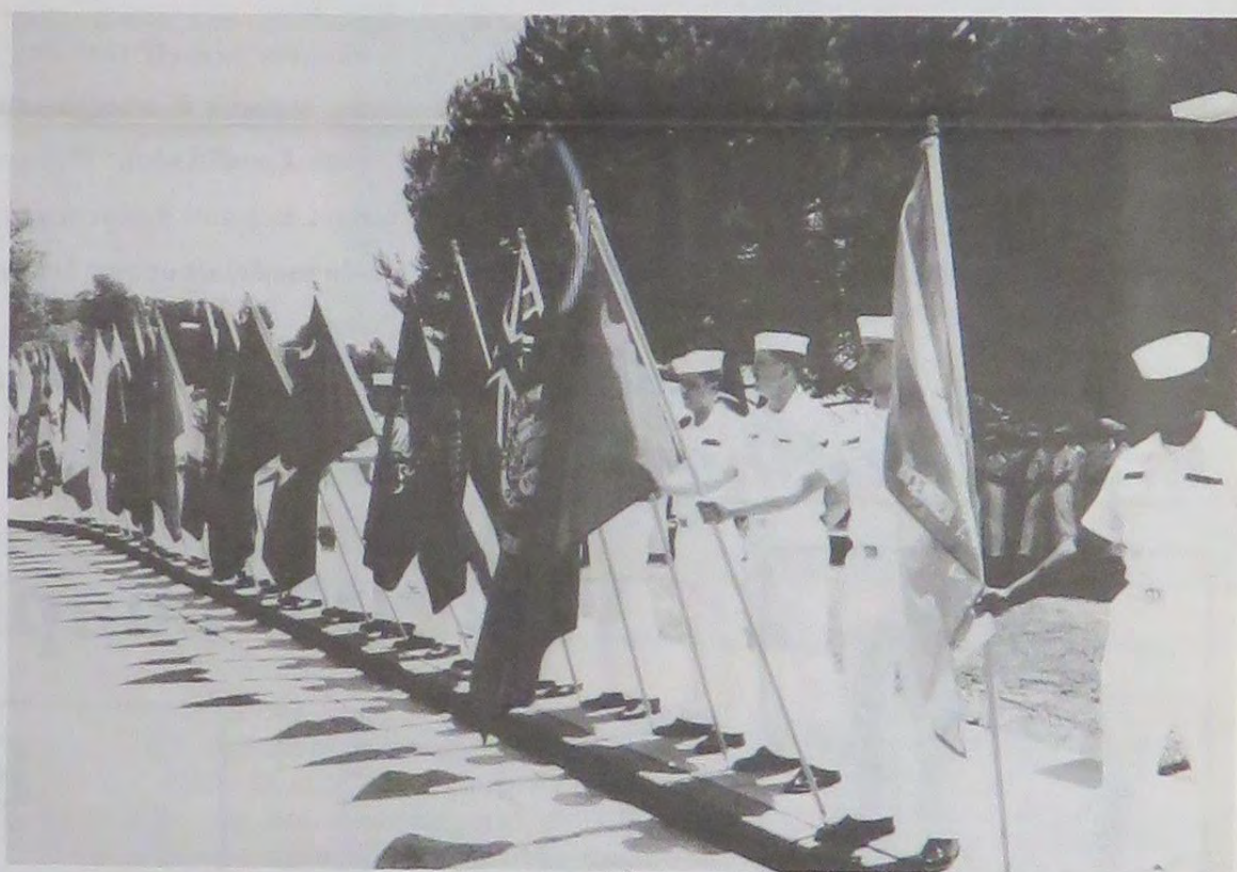
Three generations of the Mayor Rishell family added their presence to the festivities — his daughter-in-law, Dorothy Rishell, his granddaughter Lynn and his two great grandsons. Mayor Clifford Rishell was a lifelong friend of Oak Knoll through his association with Admiral Chester Nimitz, and his family remained faithful to the hospital through the Korean and Vietnam war, visiting and entertaining casualties.



Executive Officer CAPT Noel Hyde (right) points to an interesting item brought to his attention by former Oak Knoll staff members.



Earline Oliver, of the hospital's Administrative Support Office, sings the National Anthem.



Twenty-five of the 50 states flags on display during the ceremony are held by enlisted flag bearers. The other 25 flags are located on the other side of the circle.



Marine Corps Security Force Company, NAS Alameda, parade the colors in front of the podium.

NAVHOSP Oakland Up Close: Otorhinolaryngology (ENT) Department



Nanette M. Anderson

What is your job? I am the executive secretary to the chairman of the department, CDR Richard Kang, MC and provide support for the ENT residency training program. I also supervise the clerical staff in the department.

Marital status: Single.

Children and ages: Monique Marie Compton, 15.

Hometown: Berkeley, Calif.

Hobbies: Fishing, swimming, reading and listening to music.

Likes: Shopping for clothes with my daughter and going to Chinese restaurants.

Dislikes: Loud rap music.

What is the most challenging part of your job? To always have a positive attitude, to interact with everyone whom I encounter.

What is your immediate goal? My daughter has talents in dancing, modeling, singing and acting. My goal is to find a program such as the television series "Fame" to enhance and develop her abilities.

What is your long-term goal? To return to school to obtain a bachelor's degree in Business Administration.

If I could do it all over again, I'd: Have obtained my bachelor's degree and completed it in my early 20's.

I wish I could stop: The homelessness, jobless, starvation and racial discrimination in America.

I respect myself for: Continuously challenging myself and never giving up no matter what.

Role models/heroes: My mother, Elsie Campbell, the most dedicated, caring compassionate and loving person I know, and she's my mom.

Special comments: Member of The Soka Gakkai International (SGI), Nichiren Shoshu Buddhist, World Peace Organization, Vice District Leader for eight years. Member of the Federal Managers Association (FMA), Naval Hospital Oakland.



HM3 Robert D. Lane

What is your job? My duties include all surgical and clinical aspects of Ear, Nose and Throat medicine.

Marital status: Single.

Hometown: Redding, Calif.

Hobbies: Hunting, shooting, skiing, cars and fishing.

Likes: Blondes, brunettes, Chevrolet Winchester, Nintendo.

Dislikes: People with consistent bad attitudes.

What is the most challenging part of your job?

Keeping a good attitude when I'm scrubbed in, in the Operating Room at 7:00 p.m.

What is your immediate goal? To make E-5.

What is your long-term goal? To become a P.A. and have \$100,000 in my savings account.

If I could do it all over again, I'd: Have stayed in college.

I respect myself for: My accomplished goals, self-improvement and ability to learn from my mistakes.

I wish I could stop: Hypocrite hard-line environmentalists and anti-firearm groups.

Role models/heroes: Jesus Christ and my mother and father.



HM2 Paul L. Bederio

What is your job? Supervise ENT Clinic, assure timely processing of consultation requests, prepare appointment schedules, utilize my patient contact representative skills to their fullest.

Marital status: Recently married.

Spouse: Linda Sisson-Bederio.

Hometown: Long Beach, Calif.

Hobbies: Eating out, tennis, volleyball, bowling and book reading.

Likes: A well stocked refrigerator, money in the bank and fun in the sun on the beach of Waikiki, Hawaii.

Dislikes: Unappreciative and rude users of NAVHOSP Oakland's ENT services who make outlandish demands of the staff. I also dislike bad sashimi and waiting in line at the supermarket.

What is the most challenging part of your job? Being a compassionate, patient and diplomatic patient contact representative when confronted by demanding and angry ENT patients.

What is your immediate goal? Complete course prerequisites for P.A. program, prepare for a new baby Bederio.

What is your long-term goal? Apply and successfully complete P.A./ Primary Care Associate Program at Stanford Medical Center.

If I could do it all over again, I'd: Do the same darn thing.

I respect myself for: Signing up for the G.I. Bill when I enlisted.

I wish I could stop: Racism and injustice to people of color. I also wish I could go to college full time, buy a house and follow mutual fund investments growth.

Role models/heroes: Hobbes of Calvin & Hobbes, Sean Connery and Dick Sutphen.

Special comments: I am proud that the ENT Clinic has maintained very quick response time to appointment and consultation requests, often getting patients into the clinic the next day.

From the Chaplain



By Chaplain Anne Krekelberg

What do chaplains do?

mand Religious Program is, simply because for the most part, what chaplains "do" can't be qualified. Sure, we can count how many patients we visit each day, or how many staff attend chapel services. We can dazzle those to whom we report with numbers, but numbers don't really say much about what chaplains "do."

Several chaplains have attended the annual Navy chaplains training event on "Outreach." The foundation for the training was TQL and how, with "paradigm shifts," we can meet the needs of the members of the sea services. One of the issues we struggled with was how to define our product. But we gave it a go, and here's what we came up with:

The product of the command Religious Program is to provide services that nurture spiritual relationships (to self, others and God) and promote health and healing among staff, patients and families.

There are indeed many visible aspects of being a chaplain: worship services, prayers, Bible studies, visitation - all of which can be quantified in some way. But most of what chaplains "do" is not visible and

cannot be quantified: a simple touch, the importance of "just being present," praying for patients and staff in our private devotions.

But chaplains are no different than doctors, nurses or hospital corpsmen when it comes to defining "product." Medical staff can easily quantify much of what they do, too: the timely recovery of patients, the numbers in the wards, how many badges used last Monday. But they are in the same boat we

chaplains are — much of what is done is invisible and cannot be quantified either. Touching peoples' hearts, laughing with them, hugging them and having a chat with them at 2:30 a.m. when they feel anxious and alone (I know — I've been there), are aspects of caring which cannot be charted or counted.

For all the personnel of this hospital, the "product" is to provide services which nurture and promote health and healing not

only to patients, but to each other. It doesn't really matter whether we're talking about physical healing, psychological healing or spiritual healing because, in reality, these aspects of life can't be separated. What matters is that we are talking about people — people who need love and care and lots of attention, be it to body, mind or soul. What matter is that we are talking about you and me — wonderfully-unique and lovingly-made human beings.

Religious Services

Catholic Mass	Monday-Friday Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

"TQL" — the buzzword for the 90's. Everyone's got a "QA Plan" and belongs to a "PAT Team." There's "service monitors" "evaluators," "action threshold levels," "aspects" above all, the "QLC" (Quality Leadership Control). And there's quality, quality, quality! It's learning a new language and a new culture.

In the midst of all this, departments have had to identify and define terms like "customers" and "products." In a hospital, it's not hard to figure out that patients, for example, are one customer. This is true for Pastoral Care Services as well.

But it's not so easy defining what the "product" of the com-

Diet corner

Vitamin A -- How to get it naturally

By LTJG Lea Beilman-Cadle



Vitamin A is an important nutrient that plays a role in normal vision, healthy skin and bone growth. Research also points to some important roles it may play in preventing cancer.

Unfortunately some people believe that if a little is good, a

lot is better. That can get you into some serious trouble, especially with fat soluble vitamins such as vitamin A.

In the last few years, reports in several media journals have documented cases of liver damage, including cirrhosis, due to excessive vitamin A supplementation. The adult daily Recommended Dietary Allowance (RDA) for vitamin A is 800 to 1,000 RE (roughly 4,000 to 5,000 IU, the unit of measure still used on many nutrition labels for foods and supplements). The best way to get vitamin A is to eat plenty of fruits and vegetables and not rely on vitamin supplementation. Fruits and vegetables contain beta-carotene, a substance that is converted to vitamin A within our bodies. Beta-carotene appears to have its own cancer-prevention effects, as well as the benefits it offers after conversion to vitamin A.

How can you be sure you are

getting enough? It is recommended that you eat at least five servings of fruits and vegetables every day, (about two-and-a-half cups) to insure adequate amounts of beta-carotene, vitamin A and many important nutrients and fibers.

You should eat fruits and vegetables that are high in beta-carotene frequently. Richest in this nutrient are those that are deep orange (carrots, sweet potatoes, winter squash, cantaloupes, apricots) and dark green (broccoli, spinach, bok choy, kale and greens such as mustard and collard).

Five servings a day is quite a jump in fruit and vegetable consumption for many people. But by including some fruit or vegetable in each meal and snack daily, it is an easily achievable goal. Learning to enjoy fruits and vegetables offers many benefits and none of the risk associated with vitamin supplementation.

Patient Education

How to care for stained teeth

By LT Andrew Radovan, DC, USNR

A concern of many patients in the dental office is the appearance of one's smile. The color of one's teeth also plays a significant role. There are several ways to correct stained and discolored teeth, but before a treatment can be chosen, one must determine what has caused the tooth discoloration.

There are basically two types of tooth discolorations: those caused by extrinsic factors and those caused by intrinsic congenital or systemic influence. Extrinsic discolorations generally result from the superficial staining of tooth surfaces. Beverages such as coffee and tea; foods such as grapes, berries and those with artificial food colors, as well as smoking and chewing tobacco are the usual causes of extrinsic discolorations. These types of stains can be worsened if the enamel, the outer layer of the tooth, has defects such as cracks, pits and grooves. They can also worsen if the dentin is exposed or gum recession has exposed the tooth root surfaces.

Intrinsic discolorations are far more complicated because they may involve the entire depth of the enamel or dentin. Some of the more common intrinsic factors include the following:

Jaundice. It occurs during tooth development and causes a greenish discoloration of dentin.

Dental fluorosis. This is a common problem in some areas of the United States that have excessive

amounts of fluoride (in excess of 1.5 parts per million) in the drinking water. This usually causes a hypocalcification of the enamel which can manifest itself as white chalky areas and pitting of the enamel. Note: recommended fluoride levels in drinking water should not exceed 1.0 parts per million.

Tetracycline antibiotics. When used during tooth development, these can cause severe tooth discoloration. When taken by children from seven months to seven or eight years of age, the adult teeth may be affected. When taken between the sixth and tenth month of pregnancy, the deciduous or baby teeth can be affected. They may appear yellow, brown, grey or black.

Trauma to a tooth can cause blood vessels within its pulp to rupture. Hemorrhage in the dentin may initially give the tooth a pinkish color. They darken the tooth as the blood products break down, and may appear grey, blue or black. Due to the trauma, these teeth may require root canal treatment.

Restorative materials such as silver amalgam and gold can change the density and light reflection, thus making it appear different in color from the adjacent teeth.

Extrinsic stains can normally be removed by routine cleaning and polishing by your dentist or hygienist. For severe extrinsic stains and for intrinsic stains there are several options which include bleaching, composite and porcelain veneers.

There are two general methods of bleaching: vital and nonvital

bleaching. Vital bleaching is done on healthy, live teeth while nonvital bleaching is done on teeth that have had root canals performed. In vital bleaching a mild bleaching solution is applied to the tooth surfaces of the teeth. Either bleaching can be in-office procedure or at home applications, but it should be done under the supervision of a dentist.

Nonvital bleaching is an in-office procedure in which a strong bleaching solution is placed within the opening of a endodontically treated tooth and sealed with a temporary filling. Both types of bleaching may require several applications, depending on the amount of stain. Results can be unpredictable and the bleaching solution can cause sensitivity. Treatment may need to be repeated if discoloration recurs.

A composite veneer consists of removal of a thin layer (.5 to 2.0mm) of the tooth surface, then placing the composite—a soft putty-like material onto the tooth, shaped and hardened by an ultraviolet light. A porcelain veneer is similar in that a thin layer of the tooth surface is removed. An impression is taken and sent to a dental lab which fabricates a thin ceramic wafer. That wafer can, then, be bonded to the tooth by the dentist. These composite and porcelain veneers can change the appearance of severely discolored teeth without the need for full coverage porcelain crowns.

That's a quick look at stained teeth and what you can do to correct it. Consult your dentist for what can be done for you.

Stop smoking classes

A seminar led by Aggie Freeman, RN, and LT Paul Savage, MC, will be held Aug. 5 for anyone who wants to stop smoking or obtain nicotine replacement therapy, such as the nicoderm transdermal patch.

Information on Freshstart Plus, an American Cancer Society pro-

gram, "How to quit and stay quit," is sponsored by Patient Education, Internal Medicine Department and Wellness Department, Preventive Medicine. A commitment to attend six two-hour classes in one calendar month is required. The class is open to all who want support to stop smoking. Class topics are listed

below:

- * Class 1 - The nicotine patch; behavior modification: Dr. Paul Savage.
- * Class 2 - Cold turkey and tobacco free: When and why I smoke.
- * Class 3 - The big sell/advertising: Dr. David Moyer.

NAVHOSP Oakland is good neighbor

NAVHOSP Oakland was a good neighbor once more when a brush fire drove toddlers out of their preschool on Keller Avenue recently.

According to Rebecca Sanchez, who was in charge at Sequoyah Community School, the children were getting up from their nap when the teachers noticed "quite a bit of smoke on the grassy hill" below the school and they evacuated the building.

"We came to Oak Knoll right down to the [back] gate," she said, adding that the security guard invited them inside after checking with the command administration. "We are so very appreciative," she exclaimed. "The children could go to the bathroom and wash up. Then, we were taken to the Gym, and the sailors were very good with the children, playing game and keeping them occupied."

Shown below are photos taken at the Gym during the fire alert.



Mary Ann Speir (third from right) talks over the situation with some of the youngsters' mothers, as their sons and daughters line up for a group photo. A Navy wife who works at the San Francisco Medical Command, Speir said she was very proud that, "once again, the Navy came to the rescue." Her granddaughter, two-year-old Allison, is the third seated child from the right. Allison's grandfather is the command's director for administration, H. A. Speir III.



Children take time out for a fun game of volley ball in the base Gym



Rebecca Sanchez (right, foreground) and Scott Ahrens talk to a group of well behaved toddlers as they wait for the command's bus that will take them back to their school. Scott Ahrens is associate pastor of the Assembly of God's Church.

(Text and photos by A. Marechal-Workman)

- * Class 4 - Stop smoking; manage stress.
 - * Class 5 - Stop smoking; stay trim.
 - * Class 6 - Handle lapses/stay quit.
- The class is free, and no consultation is required; however, physicians may refer by consult to

patient educator, Aggie Freeman, RN, Room 448R, Internal Medicine Department. She can be reached at (510) 633-5357, beeper 801-5545.

To enroll, active-duty personnel should contact HM2 Angelo Boholst of the Wellness Department at (510) 633-8851.



Overview of the 94th Annual Hospital Corps birthday ball at NAVHOSP Oakland



(From left) Mrs. Noel Hyde, CAPT Hyde, guest speaker, Robert Bush, Mrs. Robert Bush and HMCS Gary Chapman sit at the head table (Official U.S. Navy photos by JOSN Kyna McKimson)

NMCRS Notes

The Permanent change of station (PCS) move:

Orders due, order in hand, move in progress—and what might be the rest of the story!

With PCS orders in hand service-members devote their attention to some of the most complex planning ever conceived. Suddenly they are directing a production of "Hollywood" proportions. Ready or not the servicemember is "OinC" of a major forward operation - relocation at a new duty station!

For most, this major event is accomplished with only minor distress. One concern, however, nags at the servicemember throughout - will the vehicle hold out? Even when the transportation vehicle has been me-

ticulously groomed for the trip, major emergencies can occur and funds for necessary repairs may not be available.

When executing PCS orders, top on the "check-off list" should be where to turn for financial assistance in the event of vehicle breakdown or other emergency.

Your Navy-Marine Corps Relief Society can assist with essential vehicle repairs if:

- * It is economically prudent to do so.

- * The vehicle is registered to the licensed operator.

- * The servicemember's budget can support ownership, operation and

routine maintenance of the vehicle.

If financial help is needed when away from "homeport," sailors and Marines should request Navy-Marine Corps Relief assistance through the local offices of:

American Red Cross
Army Emergency Relief
Air Force Aid Society
Coast Guard Mutual Assistance

or contact Navy-Marine Corps Relief Headquarters - (703) 696-1481. Point of contact at NAVHOSP Oakland is RP2 Ronald Mata, of Pastoral Care Department. He can be reached at (510) 633-5561.

Gompers dessert social set for August 2

ALAMEDA, CA — Enjoy an old-fashioned dessert social and meet some of the other Gompers' families in the Bay Area. The U.S.S. Samuel Gompers will be sponsoring a Family Organization open to all dependents of the command. The group will hold its first meeting on Sunday, Aug. 2 at 3 p.m. at Shannon Hall, (next to the chapel), NAS Alameda.

There will be a short program including remarks by the commanding officer and then lots of time to socialize. Please bring a dessert to share. Join us to renew old friendships and make a few new ones.

For additional information and for schedule of the next get-together, call (510) 263-2700 or (510) 292-5857.

NAVCARE.....continued from page 1

How do I use NAVCARE?

NAVCARE offers appointments for routine care, hypertension, pap smears, mammograms and same-day appointment for illness. A further option is drop-in care without an appointment. Appointments are obtained by calling the health benefits advisor at (510) 632-5514, Extension 1. A military picture I.D. is required at check-in, and DEERS-eligibility will be checked at registration.

Do I bring my military records? They should be brought on the first visit if the condition that is being treated has been worked up at another facility. However, old records are not mandatory but may help in treatment. If a new condition is involved, retrieval of old records is not necessary. Since NAVCARE is a civilian clinic, a separate set of records is kept at NAVCARE.

What if the diagnosis requires a specialist? The providers at

NAVCARE write consults to specialists for more serious conditions. The health benefits advisors make the required appointments and refer to outside providers as needed.

What about prescriptions? The providers dispense the medicines at the end of a visit, and patients leave the building with the medicines in their hand, with no further visit to a pharmacy required. Medications are dispensed only for the conditions being followed at NAVCARE. The medications are part of the free care provided at NAVCARE.

Am I going to have to walk a long way? No, you will not. There is ample adjacent parking, with handicap parking right next to the door. There is also a uniformed guard on the premises at all times, watching the parking lot, making the area safe, and he is available if someone needs assistance.

NAVCARE is open seven days a week, holidays included.

The hours are 7 a.m. - 8 p.m. weekdays and 7 a.m. - 4 p.m. on weekends and holidays. The location is easy to find. If you are driving north on 880 freeway, get off at the Hegenberger off ramp; the building is in front of you as you bear to the right. Drivers coming south on 880 should get off at Hegenberger/Coliseum, cross over the freeway and take the first right, on Edes Ave., at the Shell Station. Follow the street as it winds around past the Holiday Inn. NAVCARE is right next door — a two-story brown building with the blue and white NAVCARE sign on the sides.

NAVCARE really cares for you. You've served your country, and now we're here to serve you. If you have any questions, give us a call. If you have any concerns, call me, Carol Rees, RN, the clinic's contact person at (510) 632-5514, Extension 7.

Tickets and Tours / MWR

Universal Studios

"One day at Universal Studios" is a full-day of entertainment for the whole family. Begin a journey on the tram ride, which takes you face to face with the 30-foot tall King Kong and a hair-raising attack by "JAWS"!! Continue on to experience an 8.3 earthquake — it will have you on the edge of your seat.

Enjoy the many live shows such as the "Animal Actors' Stage." Also movies such as "The Adventures of Conan," "Star Trek: The Next Generation" and "An American Tale," where the plot comes to life as Fievel and all his friends perform your favorite scenes.

Take an amazing bike ride and fly to the moon with E.T. on the special effects stage. Bring your kids to Fievel's Playland where they can slide, jump, crawl and climb through a half-acre of magical sets and giant props with Fievel and his friends.

Explore Universal Studios' original backlot in the streets of the world. It has the sights, sounds, shops and restaurants of Europe.

Tickets and Tours Office has special discount tickets. Admission prices include the tram ride and all attractions.

Raging Waters

As a benefit to Oak Knoll's MWR patrons, we are offering discounted tickets to "Raging Waters," the Bay Area's premier water-theme park. These tickets are good for any one day the park is in operation during the 1992 season.

Thrilling water slides, gentle river rides and a multi-level activity pools make "Raging Waters" one of the most popular summer activity spots for the whole family.

Enjoy the newest attractions: "The Great White Shark," an exciting double tube ride that sends riders plunging into the jaws of a shark. Also, "Wacky Water Works," a colorful playground/pool for the kids. When you're ready to visit "Raging Waters" just drop by the Tickets and Tours Office.

Knott's Berry Farm

A brand new one-of-a-kind \$2 million area at Knott's Berry Farm will recognize and celebrate the cultures and traditions of Native Americans this summer. "Indian Trails" allows Knott's guests active, one-on-one participation as it focuses on the rich and fascinating heritage of American Indian Tribes of the Northwest, Coast, Great Plains, Southwest and West. "Each area's traditions are unique: Their arts, crafts and legends are captivating," said Terry Van Gorder, Knott's Berry Farms president and chief executive officer.

Enjoy all of Knott's 150 acres of family fun with something for everyone. The little ones can shake paws with Snoopy, pan for gold, enjoy dancing dolphins and experience the ultimate in thrill rides. With five theme areas and more than 165 exciting rides, shows and adventures, the fun is non-stop.

Fantasmic

It lights up the Rivers of America at Disneyland Park in California with a dazzling mix of magic, music live performers and sensational special effects.

Fantasmic is the stirring tale of fantasy and fright born of Mickey's imagination. Reprising his role as the "Sorcerer's Apprentice," Mickey conjures up giant water fountains, enormous flowers and a bizarre collection of fabulous fantasy creatures. Then suddenly, a band of Disney fairy-tale villains, including Ursula, the sea witch from "The Little Mermaid" and Maleficent, the wicked fairy turned-fire-breathing-dragon from "Sleeping Beauty," invades Mickey's imaginary world, spinning his dream into a terrifying nightmare!

Gathering his courage, Mickey draws his won formidable powers of goodness to overcome his wicked adversaries.

Fantasmic will be presented three times nightly throughout the summer.

A visit to Tickets and Tours Office, in Building 38, will provide information on these attractions and more.

Classes available off-base for military personnel

Family Service Center (FSC)

- * Basic budget and your financial responsibility - Aug. 3.
- * Don't get caught off balance (checkbook) - Aug. 17 - Sept. 28.
- * Financial leadership (E6-above) - Aug. 31 - Sept. 9.

All three classes will be held 9 to 11 a.m. at FSC, Naval Air Station Alameda. To reserve a space, call: Commercial (510) 263-3146 or Autovon 993-3146.

Treasure Island

Pregnant sailor workshop — scheduled Thursday, Sept. 3, 9 a.m. to 4 p.m. in Building 257. The workshop includes briefing by housing, medical and child care personnel. There will also be presentations by the Administration on Navy pregnancy policy, as well as the rights and responsibilities of active-duty parents.

The Navy Marine Corps Relief Society (NMCRS) will present the Budgeting for Babies course. E5 and below are eligible for a NMCRS seabag worth approximately \$90.

Pre-registration is required. Point of contact for Naval Hospital Oakland is Anna Rodriguez, New Parent Support Team, Social Work Department, (510) 633-5830 or 5675.



The Red Rover

The
Navy's
First
Commissioned
Hospital
Ship

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Naval Hospital Oakland, California

August 21, 1992

Dental Corps' anniversary

Navy dentists celebrate their 80th birthday on Aug. 22

In the spotlight

By A. Marechal-Workman

"LT [Holly D.] Hatt is an excellent clinician and diagnostician," said LCDR Frank Martinez, head of the Periodontal Division at NAVHOSP Oakland's Dental Annex, where the resident is rotating this year. "She's absolutely superb, as are all residents who come through here."

LT Hatt was commissioned in the Navy as an ensign on July 12, 1990, when she was a senior dental student at Oregon Health Sciences University in Portland, Ore.

"As a general practice resident, I completed rotations in Operative, Oral Surgery, Prosthetics, Periodontics, Endodontics, Anesthesia, Otorhinolaryngology (ENT) and Emergency Room (ER)," she said, adding that "young children with lacerations or any type of dental trauma [she sees] on duty" constitute the most challenging part of her duties.

LT Hatt, who is a native of Medford, Ore., said that her most memorable experience in the Navy so far is the C4 course (combat casualty care course) she attended in San Antonio, Texas. "Being in the field five days," she said, "reading maps, repelling down towers, crawling on ropes, evading the enemy at night and running mass casualty exercises is not something I normally do. It was a great



Lt Holly D. Hatt, DC, at work (Official US Navy Photo by La Rell Lee) experience and a lot of fun."

According to her supervisor, LCDR Martinez, "LT Hatt has done remarkably well in every rotation she's been in so far. Like all the residents we get [at the Dental Annex], she's head and shoulders above graduate dental students."

By LT Holly D. Hatt, DC, USNR

On August 22, the Navy Dental Corps will celebrate its 80th birthday. It is both a time of celebration and reflection as we take a look at how the Dental Corps came to exist, the path it has taken over the years and where it is today.

On Aug. 22, 1912, Congress authorized the secretary of the Navy to appoint not more than 30 acting assisting dental surgeons to be a part of the Medical Department of the United States Navy. Stated in this act was that, at the end of three years, all acting assistant dental officers who had successfully completed more than two years of service under their original appointment would undergo physical and professional examinations. These exams were to be prescribed by the secretary of the Navy to determine the suitability of the dentists to receive commissions in the Navy. Those who were found qualified would be given a commission as a lieutenant junior grade, and those who failed would be honorably discharged.

In addition, the secretary was also authorized to appoint appropriately qualified dental officers for temporary service on an "as needed" basis, with the stipulation that the total strength of the Dental Corps was not to exceed a ratio of one dental officer to every 1,000 of the enlisted strength of the Navy and Marine Corps. To help start the Dental Corps, Congress authorized \$15,000 for dental uniforms, dental equipment, dental material and all

other necessary expenses.

By the year 1917, the Dental Corps consisted of 35 dental officers, then grew rapidly to 500 at the peak of World War I. In 1922, the size had dwindled back down to 150, but then experienced a slow growth to 759 by the start of World War II. At the end of this conflict, the Navy Dental Corps had grown to 7,026 dental officers serving on active duty. Since then, the strength of the Dental Corps has ranged from 1,145 to 2,000 dental officers, depending on the presence of world tensions and hostilities. In the recent Middle East confrontation, the dental officers were at the front lines taking care of the mass casualties after the Beirut, Lebanon, bombing that left most of the physicians wounded or dead. In addition a total of 199 Dental Corps officers were deployed to the Persian Gulf during Desert Shield/Storm, according to J. Brown, a staff writer at the Bureau of Medicine and Surgery, in Washington, D.C. — serving aboard two hospital ships (USNS Mercy, T-AH 19 and USNS Comfort, T-AH 20) or stationed with Marine clinics, fleet hospitals and "one of 22 ships."

Today there are presently 1,685 active-duty dental officers supporting the Navy and Marine Corps. With the present downsizing of the military, recruitment of new dentists continues; however efforts are being directed at retention, especially in the specialty areas. In the past year, the Dental Corps has also put in considerable effort into modernizing and improving dental clinics to better provide care to Navy and Marine Corps personnel.

Medical Service Corps celebrates its 45th anniversary

By A. Marechal-Workman

The Navy Medical Service Corps (MSC) has come a long way since it was established by the 80th Congress in 1947, in the wake of WWII victory.

According to the Public Affairs Office of the Bureau of Medicine and Surgery (BUMED) in Washington, D. C., the legislation was the result of concerted efforts started by, then, Navy Surgeon General Vice Admiral Ross T. McIntyre, who spearheaded the introduction of two bills which Congress combined into the single Army-Navy Medical Service Corps Act that became Public Law 337, when President Truman signed it on Aug. 4, 1947.

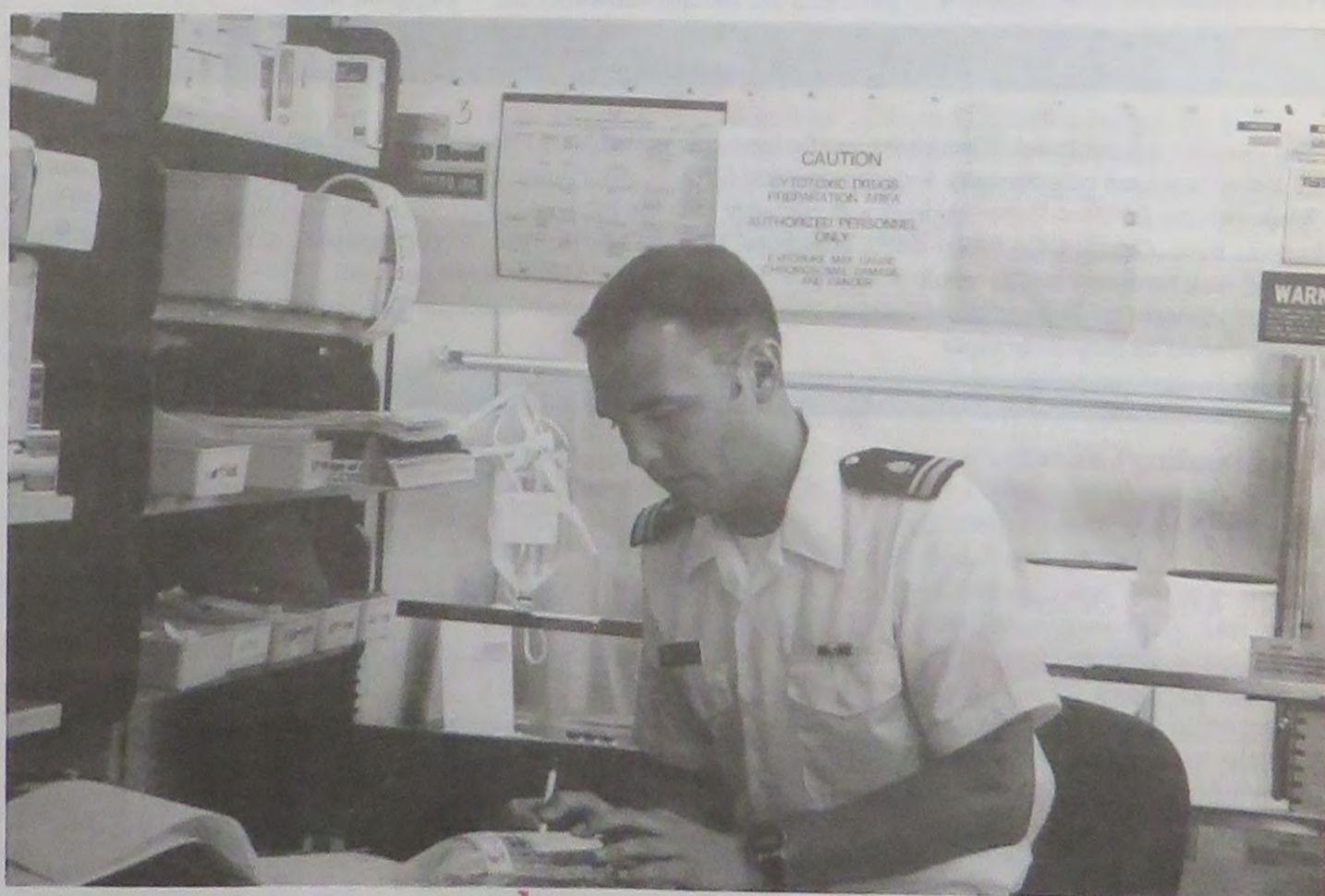
"From my standpoint as an optometrist, I think [MSC] has come a long way," said CDR (Sel.) James Newacheck, "because, before MSC was created, and even in its early days, optometrists didn't have a

place, like the Medical Corps and the Dental Corps, where they could function as a unit."

CDR (Sel.) Newacheck, who is head of NAVHOSP Oakland's Department of Optometry explained that, during WWII, "some guys who happened to be optometrists enlisted and ended up practicing" their profession without anyone in the Navy being aware of it and recruiting for it. "Since the MSC was created," the commander continued, "optometrists found a home and [the profession] has become a very viable part of the Corps, and in that aspect it's changed a lot."

The Army-Navy Medical Service Corps Act provided for the inclusion of four sections: Supply and Administration, Medical Allied Science, Optometry and Pharmacy. In addition, according to the MSC Professional Bulletin of July 4, 1992, the Act authorized the secretary of the Navy "to create such

See MSC, page 3



LTJG Jonathan (Josh) Miller, MSC, USN, works on cataloging pharmaceutical materials. A staff pharmacist, like other NAVHOSP Oakland MSC officers, LTJG Miller said he's proud of the esprit de corps he found at the command. (Official US Navy photo by A. Marechal-Workman)

From the commanding officer

It was 69 years ago that the 19th Amendment of the Constitution, which gave women the right to vote, became law.

Although the Constitution was passed in 1789, it was some 131 years later that women — through great struggle — won the right to vote.

As President Reagan once said, "since that important milestone in the history of the United States, women have used the ballot just as they have always used their energies and talents — to affect and improve our national life."

On August 26, we will honor women of America and recognize



RADM William Buckendorf
their many contributions to our great nation. We especially honor those

women who are "juggling" the demands of many roles. They are not only members of the American labor force, but are mothers, wives, housekeepers — and victims — of a system that has yet to afford them full equality. Like other victims of discrimination, women continue to struggle for the right to equal pay, equal work and equal treatment.

Constitution

In this Bicentennial year of the United States Constitution, it is an honor, as commanding officer, to pledge my support to renewing our efforts to ensure equal opportunity for all people at this command and in this great nation.

Attention out of state residents

The last day to send for your absentee ballot is Sept. 15. Too many people have fought long and hard to get the right to vote for anyone to give it up now. Exercise your right to vote. It does not matter who, or what proposition you vote for, but, collectively, your vote can have a significant impact upon the outcome of any election. So, read about the candidates and their views, inform

yourself about the propositions listed on the ballots and, if you must vote in absentia, find out how you can get an absentee ballot from your state of residency and send for one immediately. If you have any question about the process, call LT Terry Priboth at (510) 633-5824, 5820. She's the command voting officer, and has information from every state about how to send for your ballot.

You can also get specific recorded messages from the candidates in your state by calling the Voting Information Center (VIC) at Autovon 223-6500. Operated by the Federal Voting Assistance Program (FVAP) in joint cooperation with the Non-Commissioned Officers Association, citizens may access VIC 24 hours a day, seven days a week.

From the executive officer



CAPT Noel Hyde

This month we acknowledge three anniversaries important to Navy Medicine and NAVHOSP Oakland...the establishment of Medical Service Corps (Aug. 4), the Naval Reserve Force (Aug. 19) and the Dental Corps (Aug. 22).

Since its founding in 1947, Medical Service Corps (MSC) end strength has grown from 252 in 1947 to more than 2,800 in 1992. The most recent specialty additions to the MSC were physician assistants to the Health Care Sciences section in 1989 and the plans, operations and medical intelligence specialty to the Health Care Administration section in 1990. At the close of 1991, 41 percent of all MSC officers had earned master's degrees and 15 percent held doctorates. At NAVHOSP Oakland, these dedicated

professionals serve in our pharmacy, optometry and mental health clinics, supply and administration departments, just to name a few areas that benefit from their expertise.

The Naval Reserve Force was established Aug. 19, 1916. Operation Desert Shield/Storm proved the importance of a well-trained, professional reserve component to our country's military forces. From August 1990 through February 1991, 2,000 selected reserve personnel manned two 500-bed combat zone fleet hospitals and augmented both hospital ships. By the end of the operations, over 10,000 Navy medical reserve personnel, 50 percent of the total Navy recall, were recalled to active duty. Approximately 75 percent of our active-duty hospital staff were deployed in support of Operations Desert Shield/Storm. Without our civilian staff and our highly trained recalled reservists to carry on the workload, this hospital would have had to drastically reduce the services it could provide. Thanks to our reservist backfill, this was not necessary.

Although the need for military dentistry was recognized as far back as 1944, it was not until Aug. 22, 1912 that the second session of the

62nd Congress passed an act establishing the Navy Dental Corps. Today's active naval forces enjoy the support of a modern comprehensive dental care delivery system both ashore and afloat. The original act permitted the Secretary of the Navy to appoint not more than 30 assistant dental surgeons. Today, the Dental Corps currently consists of almost 1,700 active-duty dental officers supported by more than 3,600 dental technicians, 72 Medical Service Corps officers and more than 600 civilian employees. The excellent reputation enjoyed by the Navy's Dental Corps was shown during Operation Desert Shield/Storm when personnel from all branches of the U.S. military were treated by Navy dentists due to their ability to perform as capably and more professionally in the field as they do in fully-equipped shore facilities.

Congratulations

Congratulations are in order to our NAVHOSP Oakland Medical Service Corps and Dental Corps officers on the anniversaries of the founding of their corps. Also, I would like to extend best wishes to the Navy reservists who drill at our facility. Without them our Same Day Surgery and Weekend Women's Clinic would not be possible. Bravo Zulu and keep up the good work.

News from Branch Clinic Moffett Field

HM3 Larry Nelson is NAVHOSP Oakland's Sailor of the Month

By La Rell Lee

HM3 Larry W. Nelson, who said of his boot camp experience that it "introduced him to a world [he] never knew existed," has been selected NAVHOSP Oakland's Sailor of the Month. Acting as Moffett Field Branch Clinic's (BMC) assistant leading petty officer (ALPO) of the Family Practice Clinic, he plays a major role in helping "to maintain over 5,000 records." His duties include entering new members' information into the base computer system and weekly reviewing health records for quality assurance of patients. He also acts as a liaison between the civilian and military staff members and stands duty as an emergency technician and vehicle operator.

"Without his willingness to do more than expected, the patient load of 1,350 monthly would surely suffer," says HM2 Charles M. Perry, leading petty officer for the Family Practice Clinic.

Among the reasons for nominating him as SOM, HM2 Perry cites the nominee's "willingness to excel beyond expectations as a third class by recently completing his associate degree in business administration and accruing enough credit to get a



bachelor's degree in October 1992."

The native of Sherman, Texas is a perfect example of the type of person he likes most — someone who goes for what he/she wants. He said his ultimate goal is to obtain a master's degree in health care administration and become a Medical Service Corps officer.

HM3 Nelson is married to Diana C. Nelson and has four children: 13-year-old Raquel Carr, 5-year-old Kristie Nelson, 4-year-old Larry Nelson Jr. and newly born Stephanie Nelson.

"The Navy is always a changing environment, so never allow yourself to be used to doing things one way," is HM3 Nelson's advice.

Congratulations goes out to HM3 Larry Nelson for his Sailor of the Month award.

Awards from BMC Moffett Field

Congratulations to HM2 Bienvenido Deguzman, HM3 Donna Berry, HM3 Teresa Deckard, HM3 Lee Flanagan, HM3 Annette Cooley, HM3 Jeffrey Collins and HM3 Edward Avila on being frocked to their present paygrade.

Congratulations to HMC Marilyn LaRose on her graduation from Columbia College with a bachelor of arts' degree in business administration.

Ms Gail Engler received an award for being with the federal service for 10 years.

HM3 Kari Hilliker and HM3 Cynthia Nacht received Letters of Commendation from commanding

officer, Naval Hospital Oakland.

HM2 Bobby Kennedy received a Letter of Appreciation from commanding officer, MED/DEN 0280 for providing training at that unit.

AN Paula Bateman received a Letter of Commendation from the officer in charge (OIC) for her performance while on TAD from Navy Auxiliary Landing Field (NALF) Crows Landing.

HM3 Roberto Legaspi received a Letter of Commendation from the OIC for performance of duty.

Farewell to HN Scott Kurosad. Welcome aboard to HM1 Juquiano Daco.

Red Rover

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MSC, cont'd from p.1

other sections to meet the needs of the service."

As a result many specialties were added and old ones redesigned. "The MSC is eclectic, there are 32 specialties altogether," said CDR (Sel.) Robert J. Engelhart, comptroller and director for financial management, who explained that medical corps officers' goals, purposes and missions are not always to support the Medical Corps. "In fact, prior to coming here, I was at NDVECC (Navy Disease Vector Ecology and Control Center) at NAS Alameda, where there were no Medical Corps officers," he said.

But if MSC officers are not always part of a medical unit, they do get deployed during times of conflict, as was the case during Operation Desert Shield/Storm. From NAVHOSP Oakland, according to HM3 Melissa Golden of the TAD Section, 14 were deployed aboard USNS Mercy (T-AH 19) and I were sent to support Marines units in Saudi Arabia.

In addition, those MSC officers who remained behind had a direct impact on the deployments because they had to make sure the troops were medically qualified. For example, optometrists had to make sure each service member had "two pairs of their current correction glasses," according to CDR (Sel.) Newacheck. "The Optical Labs...were running 24 hours a day, putting people on double and triple shifts," he said. "In order to produce enough, the optometrists were examining patients in order to get them ready because, before you go, your medical records have to be all up to date." This was also true of the Patient Administration Department, where those officers in charge had to see all records were administratively correct. In fact, it was true of practically every MSC officer who, in one way or another, had impact on the deployments.

LT Patricia Watson, a staff clinical psychologist in the Mental Health Department was in training at National Medical Center, Bethesda, Md., at the time, where she "learned a lot about post-traumatic stress." She's only been a member for two years, but she is no less proud of the Medical Service Corps which she thinks holds "an important position in terms of service that [she] thinks people really need." Like CDR (Sel.) Newacheck, she treats patients, and said she's very proud of her clients. "For the most part, people who come into the Navy tend to have strong independence and values," she explained. "To be able to serve them is

MSC officer in the spotlight

By La Rell Lee

For LT Patricia Watson, being a Medical Service Corps (MSC) officer is a source of pride. "I am proud of being in this Corps," she said. "I think it's an important position... I work with doctors—psychiatrists—and as a psychologist, I often meet skills that they [can] use, like my therapy skills."

After finishing graduate school from Catholic University in Washington, D.C., Watson completed a one-year internship at Bethesda, Md. in July 1990. The internship was one of the top in the country. After six weeks of Officer Indoctrination School (OIS) in Rhode Island, LT Watson came to NHO as her first staff assignment.

Watson describes NAVHOSP Oakland as being a big hospital with a very tight and supportive group of people. "...We get newsletters, have luncheons, balls and picnics and that's been really refreshing," she said.

Being a strong-willed person, Watson doesn't act passively when asked why she joined the military. "I feel that I'm very proud of the people that I see as my clients," she says. "They are for the most part very hard working and have strong val-



LT Patricia Watson, MSC, staff psychologist in Mental Health Department (Official US Navy Photo by La Rell Lee)

ues. To be able to serve them is something I enjoy."

As a clinical psychologist in the Mental Health Department, Watson is responsible for evaluating patients for fitness for duty, stress management, psychological assessment, therapy, group dynamics and liaison with Family Service Center. On a typical day she usually sees six to 12

patients and on Emergency Watch days she sees new intakes which present an emergent basis, for example suicidal or homicidal. She said that what challenges her most about her duties is being able to maintain skill, compassion and patience with a wide range of patient problems and volume of patients.

One of her immediate goals is to

complete her research on the effects of childhood physical and sexual abuse on adult personality and mental health with incoming recruits to the Navy and Air Force. Being able to work with an excellent research team, nationwide, on this research project has made this LT Watson's most memorable experience in the Navy.



CDR (Sel.) James Newacheck examines his patient, Dolores Schuchman. (Official US Navy photo by A. Marechal-Workman)

something that I really enjoy."

LT James Mitchell, who said he's a "mustang," (an officer commissioned from the enlisted ranks), doesn't have direct contact with patients, but he's just as proud to

be a member of the MSC. "It means being part of one of the finest Navys in the world," he said, "and for us to have a major part in keeping the fleet out to sea and our combat units healthy so that they can defend our

country. Although we don't actually touch the patients and treat them, we're an integral part of taking care of them." LT Mitchell is head of the Information System Department.

Although the MSC was formally

established in 1947, the idea of its organization came from an enactment by Congress that implemented the Hospital Corps in June 1898. This act created a warrant officer rank along with formalizing the enlisted structure. Revisions in 1912 and 1916 made it possible for non-physician medical personnel to be granted commissioned status as warrant officers.

3000 warrant officers

Approximately 3,000 warrant officers were appointed between 1916 and 1945. However, the need for commissioned officers skilled in both medical administration and in the practice of sciences was well documented during the two world wars.

In the 45 years since it was founded, the MSC has grown from 252 to over 2,800 in 1992. In 1982, it received flag rank status, with Commodore Lewis E. Angelo as its first selectee.

Under the guidance of the current director of the Medical Service Corps, RADM Charles R. Loar, MSC, USN, it will continue to be a vital part of the Navy Medical Department.

SEAP helps Navy spouses find jobs

The Spouse Employment Assistance Program (SEAP) provides jobs, career workshops, education, volunteer programs and referrals, resume and SF171 (Standard Form 171) preparation assistance, career counseling, skill banks, skill building workshops and local, regional and national employer networks.

The program helps Navy spouses develop realistic employment and career expectations that match their mobile lifestyle. Today more than 50 percent of Navy spouses are working outside the home, and

it's estimated that more than 75 percent will be employed during the 1990s.

SEAP is available to all family members, retirees, active-duty members preparing to retire and spouses of relocating or transitioning Navy personnel. The program is available at all Navy family service centers (FSC).

"We currently have 56 SEAP coordinators staffed at FSCs who have professional training and experience in counseling, personnel, education, recruiting and job development," said Janice Bryner, program manager for SEAP at the Bureau of Naval Personnel in Washington, D.C. "Recently, we have supplied field offices with various employment publications, desk guides and software packages to build an employment library at each FSC."

The FSC located at NAS Alameda serves personnel from NAVHOSP Oakland and its tenant commands. Spouses and other family members who want to find employment more easily, quickly and in an upward career path should contact the SEAP manager's office at (510) 263-3129. "They

should contact me first," said Shawna Brown, secretary to FSC Alameda SEAP manager, Sue Foulkes, who explained that she will sign them up for their introductory class entitled 'Starting Point,' a class that covers the job market here in the Bay Area.

"Starting Point goes over resume writing, job interview and job search strategy," Brown continued. "Everyone who has attended the class can, then, sit on a one to one basis with Sue Foulkes to tailor the program to meet individual needs."

Brown said that another time

can be arranged for those spouses who are not free on Monday. "But attendance to that first class is essential," she added.

The thought of finding employment at a new duty station can add a lot of stress to the already stressful event of moving. SEAP can help alleviate some of the stress and will make the job search more comprehensive.

(Editor's Note: The above article was reprinted from and localized according to information furnished by Navy Editor Service, courtesy of Bureau of Naval Personnel, Washington, D. C.)

On July 25, Oak Knoll continued its golden anniversary celebration with a staff picnic



One of the main features at the picnic was the dunking booth. Here, a young girl tries a shot at dunking two participants as a staff member watches.



Morale, Welfare and Recreation staff members sell 50th anniversary tee-shirts.



Commanding Officer RADM William Buckendorf enjoys a soda while CAPT Maria Carroll helps serve food. CAPT Carroll is director of nursing services.



The inflatable dinosaur was one of the many games.



A clown has an attentive audience at the picnic.



Around Oak Knoll

Oak Knoll Red Cross volunteer honored at National Naval Officers' Association conference

Lily Thompson, a Red Cross volunteer at Oak Knoll, and her husband, Hadwick, received the Dorie Miller Award at the July conference of the National Naval Officers Association (NNOA).

The Dorie Miller Award is presented each year to a member who excels in the accomplishment of the goals and objectives of the Association. These goals are to support the naval services of the United States by supporting its policies and assisting in the recruitment, career development and retention of minority officers. The NNOA also supports local community activities through such things as scholarships and community outreach programs.

The award is the highest award presented by this national association, which has been sanctioned by the secretaries of the Navy and Transportation. The award is named in memory of Dorie Miller, an Afro-American who served with distinction in the United States Navy. He was credited with having shot down four Japanese airplanes during the attack on Pearl Harbor, for which he received the Navy Cross.

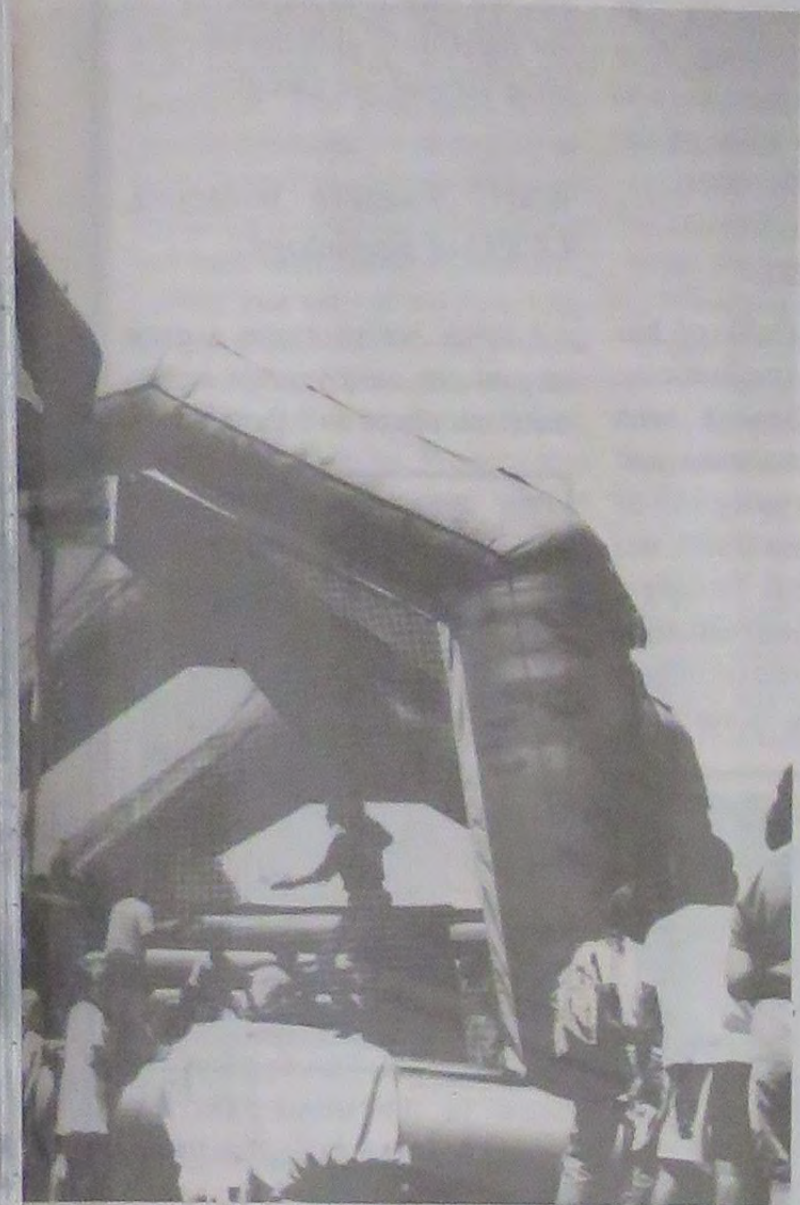
Coincidentally, Hadwick Thompson was part of the defense of Pearl Harbor also during the attack, manning a gun on the deck of the destroyer, USS Ramsay, (DD-124).

The Thompsons are the first civilians and the first couple to

receive this award since its inception in 1972. After retiring in 1986, having served in a civilian capacity for over 30 years at the hospital, Lily returned to serve as a Red Cross volunteer. The Thompsons are actively involved with various organizations, some of which are the Bay Area Chapter of the NNOA, the US Navy League, the American Red Cross, the Children's Hospital in Oakland and Veteran's Advocacy Board

LCDR Edwards

Also recognized was LCDR Mahlayna Edwards, a certified registered nurse anesthetist in NAVHOSP Oakland's Anesthesiology Department. She won the Distinguished Service Award.



at the command's picnic held at the softball fields



k from the fun and games

With an attendance of over 200 members, there was plenty of food to go around throughout the picnic. Food served included fried and barbecued chicken, roasted pig, hamburgers, hotdogs, oysters and many side dishes and beverages.



Auxiliary Security Force

Naval Hospital Oakland sent 20 service members to Mare Island to be trained by the U.S. Marine Corps Mobile Training Team recently. All personnel were trained in all aspects of physical security/law enforcement. This includes firearm proficiency to unarmed self-defense. The Auxiliary Security Force would augment the Security Department in case of threat condition or at the commanding officer's discretion. Shown here, from left to right are (first row): CAPT Clacys, USMC, MACM Mario Del Rosario, MAC D. J. Abbey, GySgt. Edralin; (second row): HM2 Cheri Cass, QM2 Anthony Falcone, HM2 Edward Asselin, MS2 Noel Yadao, MS2 Vincent Talentino, MS2 Tamara Schmit; (third row): HN Vincent Turley, YN2 Keith Gleason, HA James Cornue, HM2 Mark Bjornson, HM3 Robert White, PN3 Jeffrey Crettol, HM3 Daniel Shuster, HN Richard Cook, QM2 John Manuto, PN3 Abel Magno and MS2 Rizal Ednalino. (Official U.S. Navy photo by JO2 Stephen R. Brown, text by Master at Arms D. J. Abbey)



1991-92 NAVHOSP Oakland intern graduation class

Oak Knoll Viewpoint

What impact do you think NHO has on the Bay Area beneficiary population?



CAPT Noel A. Hyde
Executive Officer

NHO's impact, I think, is substantial probably more now than it has ever been. With Letterman Army Medical Center's closure, Fort Ord in the Monterey Peninsula beginning to downsize and ultimately closing, we are picking up the medical care responsibilities for a lot of people. We will, as best we can, take on the active-duty load and then their dependents, their retired personnel and their dependents as well. But beyond our taking care of those people directly in NAVHOSP Oakland, using our own providers, we manage the care that is provided to them through the CHAMPUS program and here in California, the CHAMPUS Reform Initia-

tive (CRI). We have some real tools to work with that the rest of the country doesn't have. As an example, we use civilian providers who work in our facilities and are reimbursed by Foundation Healthcare, the CHAMPUS Reform Initiative contractor. We can, therefore, provide health care within our facility with no copayments and no deductibles for patients. This means free medical care, and that is a major tool we have that allows our providing maximum care to beneficiaries in the area.

HMCS (AW/SW) Gary Chapman, CSC



With the changing Navy, a shrinking Navy, I think health care that we provide here is probably the best of anywhere

in any of the naval hospitals or the naval service and the Department of Defense. I think that we can provide almost anything to our beneficiaries as much as possible.

CAPT Eleanor Perry, NC

I was previously stationed



here 1981-85. Of course, many factors have impacted on the delivery of health care at NAVHOSP Oakland since that time: an ever increasing population of beneficiaries; technological advances occurring at a more rapid pace while driving costs up; shortages of military medical personnel necessitating need to contract services from the civilian sector; military downsizing and bud-

get cuts. These are challenging times for health care not only in the civilian community but in the military as well. However, many staff members at NAVHOSP are working very hard to provide the best care to all beneficiaries in spite of the challenges and constraints.

Al Siebert

Naval Hospital Oakland has always provided excellent care to all our catchment area (thanks to the dedication and individual loyalty of NAVHOSP Oakland staff), but with local political lethargy, DOD downsizing and residency closures a promotion of uncertainty is beginning to surface.



These events will probably create doubt in our dependents and

retirees as to where they may eventually obtain their health care. Even with the doom and gloom, as health care providers, we owe it to ourselves and our patients to give the best possible service we can give.

HMC Pamela Robeson, LCPO of Radiology

I think we've made a great impact not only just on active-duty members and their depen-



dents in the immediate Bay Area. We also see a lot of Air Force dependents who come from the valley because it is too far for them to go to the hospital at Travis Air Force Base. I think that the biggest impact is that we see so many people here at NAVHOSP Oakland.

I want to vote!

NAVHOSP Oakland's voting officer answers common questions about voting

Q: In which state should I vote?

A: You should vote in your state of legal residence, which is the state you have listed on your records for state taxation purposes. You also have the option to vote in the state in which you lived when you joined the military.

Q: How do I obtain an absentee ballot?

A: Your senior enlisted advisor or his representative has the materials you need to vote. These materials are a Federal Post Card Application (FPCA) and a Voting Assistance Guide, containing the

FPCA completion instructions for each state. The FPCA is sent to your state and then, about 30 days prior to the election, your state send a ballot to you. FPCAs should be mailed by the end of September.

Q: How can I get information about my state candidates?

A: The DoD Voting Information Center, (Autovan 223-6500), provides information on elections and recorded messages from governors, U.S. senators and members of the House of Representatives. Sixty days prior to an election, messages from candidates for these offices are also available.

Q: Who can I contact for questions not answered here?

A: You may contact your senior enlisted advisor, HMCS (SW/AW) Gary Chapman, at (510) 633-5324 or your command voting officer, LT Terry Priboth, (510) 633-5820, 5824.

From the Chaplain



Different viewpoints

By LCDR Peter B. Nissen, CHC

Four centuries ago, Charles V was Emperor of the German Empire which, then, included most of Europe. He, like most other heads of state, found the job of ruling his people a diffi-

cult occupation. In his old age, Emperor Charles retired to rest his frazzled nerves. He spent his time relaxing by working on a variety of clocks which he had collected. He had a house full of them. He tried to see if he could regulate them so they could all strike precisely at the same time. Finally he gave up.

One day, when he was sitting alone again, he began to think about the same situation with a sense of frustration. He then began to think about the years he had spent as emperor. He realized that he had been a fool trying to make people think alike in everything. He realized he could not even make all his clocks strike at the same time.

All of us, from time to time, exhibit trends like Charles V. We do not rule countries or have a large collection of clocks. But we do become bitter, bad-tem-

pered and nervous in efforts to make our friends and loved one think as we do. Friendships have been broken, families disrupted and civil wars started because of differences of opinion. All of this difficulty, through the centuries, does not lie in a diversity of questions and opinions, but in

our human tendency to force unwelcome beliefs and opinions upon people. This has always stifled creativity. It is the same old folly of trying to make clocks strike alike.

I think we can be compared to people living all around the foot of a great mountain. None of us can see all sides of the moun-

tain, just as none of us can see the whole truth about any matter. So, instead of arguing about what we might perceive to be on the other side of the mountain, how much wiser it would be to get together and compare notes on different viewpoints. This will foster community and growth.

Religious Services

Catholic Mass	Monday-Friday Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

Diet corner

Changing your relationship with food

Food ranks right up there with the great sensual pleasures of life. But, for those of us who are trying to control our weight, our relationship with food all too often is a love-hate one. Sometimes we feel like "we can't live with it, but we can't live without it." The good news is that you can live happily with your favorite foods and still control your weight by making simple changes in the way you think about eating in general.

Why you eat - If we were truly hungry, chances are few of us would have weight problems. But we often eat when we're bored, frustrated, lonely, sad and so on. We may also eat to be polite — we don't want to "offend" our hostess, our mother — whoever. When we regularly use food as a substitute "solution" for the real problem at hand, weight gain almost always follows. Begin changing your relationship with food by asking yourself, "Why do I want to eat? Am I really hungry?" Be honest with yourself, and if you're not really hungry, don't eat.

How you eat - Are you a snacker? Do you munch while watching TV?

Sample while you cook? If so, you may be taking in far more calories than you realize. A cookie here and a bag of chips there can add up to excess weight. One way to avoid "automatic" eating is to agree to eat only while seated at a dining table — in your kitchen or dining table or the lunchroom or cafeteria. You'll eliminate unnecessary snacking and will probably only make the effort to eat when you're really hungry.

What you eat - You may still have weight problems if you don't consider what you eat. When choosing food, remember that the main reason we need to eat is to supply our bodies with fuel for energy. Sugary snacks and refined, processed foods, are generally low in nutrients, high in calories and fail to satisfy hunger for a significant length of time. For weight control and health, select complex carbohydrates (fresh fruit, vegetables and whole grains) and low-fat foods such as lean meat, poultry without skin, fish, dried beans and peas (legumes) and low-or non-fat dairy products.

How you burn calories - Are you

active? Do you exercise vigorously for at least 20 minutes three times a week? If so, you know the second half of the weight control story — burning calories through activity. In addition to exercising regularly, you can burn excess calories by sneaking in extra activity throughout your day — walking when possible, using the stairs instead of the elevator, and so on. Increasing your activity level increases the amount of calories you burn, and is a critical part of healthy weight control.

Weighing the benefits - Once you've made some simple changes in your eating and exercise habits, you'll be on your way to becoming a trimmer, fitter, healthier you. By changing the way you think about eating and by becoming more active throughout your day, you can help yourself lose weight and keep it off for good.

(Editor's Note: The above article was submitted by dietician, LT Terry Priboth, MSC. It is reprinted from Health and Wellness, Fitness and Nutrition, Copy Kit, Parlay International)

Patient Education

Dental amalgam: a safe and effective material for filling

By LT Julian J. Thomas
DC, USNR

For more than 150 years, dental amalgam has been used to restore decayed and broken teeth with great success. Dental amalgam is a compound of silver, mercury and other components that form a stable alloy at room temperature. From time to time, concern about mercury emitted intra-orally by amalgam fillings has been voiced by individuals mostly from outside the scientific community.

Amalgam critics claim that the mercury leaked from dental amalgam may be responsible for hypersensitivity reactions and mercury toxicity. They have even claimed that fillings may be responsible for diseases such as multiple sclerosis. They try to back their claims with testimonies of individuals who experienced overnight relief of all symptoms immediately after having their amalgams removed.

Mercury vapor detectors are often used in an attempt to show that large

concentrations of mercury vapor are present intra-orally and that mercury vapor is released while chewing.

Many articles have been written to dispute these claims. Recently, the American Dental Association (ADA) devoted an entire issue of JADA (the Journal of the American Dental Association) to addressing the amalgam controversy. One article written in response to a segment on "60 Minutes" entitled, "Is There Poison in your Mouth," presents several facts that directly dispute the claims of the amalgam critics. These are listed below:

- * When the stable alloy of amalgam is formed, only trace amounts of mercury are left and are measured in billionths of a gram. Everyone is exposed to higher levels of mercury from food, water and air on a daily basis.

- * The device used by many of the amalgam critics to measure mercury levels in the mouth has been shown to be inaccurate for intra-oral use without first making corrections in

flow rates.

- * Dentists and dental assistants are the group most exposed to mercury from amalgams; however, no correlation has been shown between mercury exposure and toxicity among these individuals.

- * The stories of patients being cured overnight after having their amalgams removed would not be possible because it takes the body a considerable amount of time to eliminate mercury.

- * The National Multiple Sclerosis Society has found no correlation between dental amalgams and the incidence of multiple sclerosis; however, patients with this condition may experience spontaneous remissions and relapses from the disease, and placebo effects are common.

Dental amalgam has been the material of choice for restoring teeth for more than a century. It is considered safe and effective by the ADA and a great majority of practicing dentists, and is still considered by many as the material of choice for dental fillings.

Mental Health Department

Starting mid-September, the Mental Health Department will offer group counseling in the form of support groups for active-duty and retiree parents, their teenagers and younger children. The groups are as follows:

- * **New mothers** - Sept. 22 - Nov. 10 - 12 noon to 1:15 p.m. Led by Amy W. Friedman, LCSW, the group will afford a chance for participants to meet other new moms and their babies, share their experiences, discuss common concerns, conquer the isolation, learn from each other and form a network. For more information, call (510) 486-8037.

- * **Challenges of parenting** - Sept. 16 - Nov. 4 - 11 a.m. to 12:15 p.m. The group is facilitated by two staff psychologists, Ruth Fallbaum, Ph.D. and Richard Witte, Ph.D., who are experienced in working with children and parents. This workshop will look at a

wide variety of issues ranging from discipline and limit setting to relationships with siblings and school performance. Additional topics to be covered will be based on the group's suggestions. Call Mental Health Department at (510) 633-5379 for more information.

- * **Fathers and stepfathers' support group** - Sept. 16 - Nov. 4 - 4 to 5:30 p.m. The group is led by Meshulam Plaves, Ph.D., a clinical psychologist who works with children, parents and families. The meeting will revolve around such concerns as: the conflicts and joys of being fathers; what can be done with feeling of anger toward children; being away from children when deployed; being a stepfather; co-parenting and role as a father; the fathers/stepfathers' own experiences with their fathers; discussion of common concerns among fathers. For more information, call (510) 549-3944.

- * **Teenage support group** - Sept. 14 - Nov. 2 - 3 to 4 p.m. The group will be led by Anita Thompson, a therapist with over 12 years experience working with teenagers in the Oakland public schools, juvenile detention centers and other adolescent facilities. The goals of the group will be to: learn how to cope with peer pressure and how to communicate with parents in a more effective manner; focus on other family relationships; learn how to express frustration and anger in a more appropriate manner and focus on pressures from school. For more information, call (510) 654-7119.

Another group for diabetic parents is being formed. Its dates and time will be published as soon as definite information is available. All groups meet for eight weeks in the group room of the Mental Health Department, on the fifth floor of the main hospital.

NAVCARE Oakland

Receives accreditation by JCAHO



OAKLAND, CA — NAVCARE Clinic in Oakland has achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Formed in 1951, JCAHO is dedicated to improving the quality of the nation's health care through voluntary accreditation. NAVCARE OAKLAND was accredited after a team of Joint Commission reviewers conducted an on-site survey in May, and found that the clinic had demonstrated compliance with JCAHO's national standards for excellence.

"In becoming accredited, NAVCARE OAKLAND was evaluated against a set of national standards by the Joint Commission team which included surveyors experienced in the delivery of ambulatory health care services," said Kenneth Hermann, Pharm. D., vice president for accreditation surveys at the Joint Commission. "Achieving accredita-

tion demonstrates NAVCARE OAKLAND's commitment to provide high quality care to its patients.

Ken Giffin, project manager, said that accreditation shows that "we've made a significant investment in quality on a day-by-day basis from the top down. We sought accreditation for our organization because we want it to be the best, and we view obtaining JCAHO accreditation as another step toward excellence."

He noted that accreditation was attainable only through the cooperation and communication among staff members. "Everyone here at NAVCARE played a valuable role in working to meet the standards," said Giffin. "I think it gives them a feeling of prestige to work in an accredited organization. They also appreciate the educational aspect of the survey and the opportunity to interact with the Joint Commission team."

Foundation Health

Processes standard CHAMPUS claims

SACRAMENTO, CA — Military families who submit claims for care received under the standard CHAMPUS program will send them to a different contractor, beginning October 1992.

Standard CHAMPUS claims will be processed by Foundation Health Federal Services beginning Oct. 1, 1992. Until then, the current processor, Blue Cross of Washington and Alaska, will continue to handle all standard CHAMPUS claims.

CHAMPUS patients who have standard CHAMPUS claims on which the care listed was received before Oct. 1, 1992, should submit them to Blue Cross of Washington and Alaska: California claims, P.O. Box 34311, Seattle, Wash., 98124-1311.

Persons who have standard CHAMPUS claims for care received on and after Oct. 1, 1992 should submit them to Foundation Health Federal Services: California claims, Claims Department, P.O. Box 1810,

Rancho Cordova, Calif., 95670.

Beginning Nov. 1, 1992, Blue Cross of Washington and Alaska will no longer receive claims, but will complete processing of claims received before Nov. 1. Starting Nov. 1, 1992, CHAMPUS-eligible persons should submit all standard CHAMPUS claims, regardless of when the care was received, to Foundation Health Federal Services.

Further information can be obtained by calling 1-800-282-7105 at Foundation Health Services or by visiting the health benefit advisor (HBA) at the nearest military hospital or clinic. At NAVHOSP Oakland, the HBA is Chesta Brantley, who can be reached at (510) 633-5169, 5170.

Foundation Health Federal Services is a defense contractor that provides CHAMPUS health care services to eligible persons in California, Hawaii and New Orleans, La. The company is located in Rancho Cordova, Calif., near Sacramento.

(DDP*Delta) premium increase

SACRAMENTO, CA — The Department of Defense has increased the sponsor's premium share for DDP*Delta coverage. Effective Aug. 1, 1992, the single premium (one dependent) is \$5.20 per month, and the family premium (two or more dependents) is \$10 per month. This is the first premium increase in two years.

Currently enrolled sponsors should see the increased premium reflected in their July Leave and Earnings Statements. Service members now enrolling in the plan will be enrolled at the higher premium.

DDP is still an excellent value for service families. Each service branch pays more than 60 percent of the total cost of DDP for their enrolled sponsors. Even if family members only take advantage of the 100 percent covered services (twice yearly checkup, cleaning and x-rays), the family will save at least \$80 a year for one enrolled dependent, \$164 for two dependents and more with larger families. Those who take advantage of other covered services like fillings and sealants will save even more.

For more information about DDP*Dental, see the CHAMPUS health benefit advisor. At NAVHOSP Oakland, this is Chesta Brantley, who can be reached at (510) 633-5169, 5170. Information can also be obtained by calling (916) 381-9368. To get DDP coverage, go to your Military Personnel Office today and enroll.

SPORTS

Congratulations
Radiology

Radiology emerged as the 1992 intramural slow pitch softball champions by barely squeak-

NAVHOSP Oakland Intramural Winter League Softball Standings July 30, 1992 / 2nd week	
Team	W
Radiology	3
USS ABE Lincoln	2
Psych-Clones	2
Radiers	2
Q Dogs	2
Lab	1
Meat Cutters	0

ing by the runner up, Pharmacy team, 6-5. Under the able leadership of Dan Walsh and aided in his quest of the championship were T. Acker, R. Goggins, T. Lewis, J. Smith, A. Waltz, C. Flores, V. Hauge, G. Curlin, M. Whitney, O. Nunin, R. Adams and R. Steinberg. Radiology ended up the NHO Summer League with an impressive 20-2 record. Runner up, Pharmacy, followed with an 18-6 record.

MSC Softball game

MSC officers won by one point during the annual MSC/Chiefs Softball game recently. It was a close game, with a score of 6-5 — the winning run taking place in the 7th inning.

1992 C.P.S.C
championships

- * Sailing Naval Station Treasure Island Aug. 20.
 - * Horseshoe Mare Island Shipyard, Sept. 19.
 - * Darts Naval Security Group Activity, Skagg Island, Nov. 7.
- Active-duty personnel interested in participating should contact Ron Brown, Special Services Department, at (510) 633-6450.

FSC offers a variety of programs

The Family Service Center (FSC) offers a variety of programs for military personnel, spouses and families from career college comeback to choosing child care, to stress management, to positive parenting workshops. Following is a list of classes and workshops available in September.

Family Service Center Play and Learn Co-Op Meeting - The FSC Play and Learn Co-Op group is seeking individuals who can volunteer time between 9:30 a.m. - 1:30 p.m. in exchange for free child care. Look for information on the upcoming FSC Play and Learn Open House on Wednesday, Sept. 23, 10 a.m. - 12 noon.

Phase Men's and Women's Group - The treatment program

is available for people who are involved in an abusive relationship. Call (510) 263-3141 for more information or for a confidential screening. Men's group meets every Tuesday 10 a.m.; women's group every Thursday, 10 a.m.

***Losing Pounds Sensibly Support Group** - An informative and educational support group for people trying to lose or maintain weight. If you need a support system, join the sinners circle every second and fourth Thursday at 8 a.m.

City Safari Bargain Shopping in Alameda - Join us on a fun trip of exploring Alameda for bargains. We will visit consignment shops featuring both children and adult clothing. We will leave the Center on Sept. 16 at

9:30 a.m. and return at 3:00 p.m. The cost will be \$2.20 for transportation. Bring money for lunch.

Eliminating Clutter From Your Life - Today's lifestyle involves managing priorities - career, family home, education and time for one's self. This seminar can show you how to successfully prioritize what is important to create an enjoyable, stress-free and balanced life. Featuring organization specialist and time management expert, Diane Heberling, the seminar meets Tuesday, Sept. 15, 6:30 p.m. - 8:30 p.m.

For further information or to register for workshops, call (510) 263-3146.

* Indicates a new program.

General Library: recent acquisitions

- Adm. Charles Koop, "The memoirs of America's Family Doctor," (autobiography).
- Mary Leakey, "Disclosing the Past," (biography).
- Dean R. Koontz, "Hideway," (fiction).
- Anne Rule, "If You Really Loved Me: A True Story of Love and Murder."
- LaVyrle Spencer, "Bygones."
- Robert Ludlum, "Road to Omaha," (fiction).
- John Grisham, "Pelican Brief," (fiction).
- Mollie Ivens, "Mollie Ivens Can't Say That, Can She?"

- Deborah Tannen, "You Just Don't Understand."
- Sylvia Porter, "Planning Your Retirement."
- Donald Spoto, "Laurence Olivier: A Biography."
- Michael Chrichton, "Rising Sun." (fiction).
- James Stewart, "Den of Thieves."

The General Library, is located in Building 101 (down the hall from the Post Office). All Oak Knoll military, retired military, dependents and civilians are eligible to use the General Library. You may phone (510) 633-6127 to reserve a book.

On July 23, CAPT H. A. Speir commissioned his daughter Renee Whitfield into the Navy Nurse Corps as an ensign aboard the USNS Mercy (TAH-19). Ceremony attendants (from left): ENS Greg Cadle, Ned Cronin, LT Pamela Tucker, CAPT Martin Taub, Mary Ann Speir (holding Renee's daughter Alison), ENS Whitfield CAPT H. A. Speir, HMCM (SS) Thomas Grieb, HN Jeremy Greene, Rick Whitfield (CAPT Speir's son), Hope Rockwell, Marge Lesage and CAPT Maria Carroll.



Civilian Personnel vacancy
listing

This is the list of current and open continuous vacancies which is serviced by Civilian Personnel Department at Naval Hospital Oakland (NHO). Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled, certain Vietnam Era and disabled veterans, may apply for these announcements. Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or Autovon 828-6372, Monday through Friday, 8 a.m.- 4 p.m., or visiting the Civilian Personnel Office.

Position	Location	Closing Date
Physical Science Technologist GS-1311-4/5/6	Navy Drug Screening Lab	OC
Medical Technologist GS-644-7/9	Laboratory Department	OC
Medical Technologist GS-644-7/9	Navy Drug Screening Lab	OC
Industrial Hygienist GS-690-7/9/11	Various Locations	OC
Chemist GS-1320-7/9	Navy Drug Screening Lab	OC
Vocational Nurse GS-620-05	Nursing Services	OC
Physicians Assistant GS-603-11	Branch Clinic, Mare Island	OUF
Orthotist or Orthotist-Prosthetist GS-667-9	Orthopaedic	OUF
Medical Record Technician GS-675-7/8	Patient Administration	OUF
Medical Record Technician GS-675-04	Patient Administration	OUF
Supvy Community Health Nurse GS-610-11	Occ Health/ Preventive Medicine	OUF
Secretary (Typing) GS-318-4	Occ Health/ Preventive Medicine	OUF
Medical Records Technician (Typing) GS-675-4	Branch Clinic, Treasure Island	OUF
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Clerk Typist GS-322-3/4	Navy Drug Screening Lab	OC
Medical Clerk GS-679-3/4	Various Locations	OC
Clerk-Typist GS-322-3/4	Various Locations	OC
Medical Clerk(Typing) GS-670-3/4	Various Locations	OC
File Clerk GS-305-3/4	Various Locations	OC
Fitness Report Asst (Typ) GS-303-06	Administrative Support	OUF
Nurse Practitioner GS-610-11	Branch Clinic, Mare Island	OUF
Medical Officer (OccupMed) GS-602-13	Various Locations	OC
Medical Officer (GenMed) GS-602-13	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC

Note* OC= Open Continuously
OUF=Open until filled



The Red Rover

Vol. 4 No. 13

Naval Hospital Oakland, California

September 11, 1992

Navy nurse made history as a WWII POW

Margaret Nash had no idea, when she joined the US Navy Nurse Corps on April 28, 1936, that she was about to make history. After two tours in the States, she was ordered to US Naval Hospital Guam, where she stayed until October 1941. Far from the horrors of the Nazi invasion of Europe and the Battle of Britain, her life on Guam was an idyl in warm sunlight, complete with romance and the fulfillment of her chosen profession. Little did she know that she was speeding straight to the gates of WWII, that she was about to plunge right into the nightmarish world of concentration camps—an experience that would change her life forever.

One of 12 Navy nurses assigned to Canacao Naval Hospital in Manila, she was there when all hell broke loose in the Pacific in December 1941. With the fall of Manila in January 1942, Margaret Nash was taken prisoner by the Japanese, and spent the next 37 months in Santo Tomas and Los Banos prison camps on the Island of Luzon in the Philippines.

The story that unfolds in the following interview is one of valor, dedication and compassion. It reveals CDR Margaret (Peggy) Nash's, NC, (Ret.) indomitable will to survive.

Q. At what point did you begin to suspect that all wasn't well in Paradise?

A. When we went aboard ship to transfer to Canacao. Everything was black and I thought that there was something wrong. The chaplain said that we were traveling under secret orders. We traveled around in the Pacific Ocean in the dark, and we had no idea where we were going. We finally reached Canacao [Manila], and everyone asked where we'd been because they'd been expecting us for a couple of weeks.

Q. Where were you when you learned about Pearl Harbor?

A. In Manila, at Canacao Naval Hospital, about five miles from Cavite Navy Yard. Clark Air Force Base was also nearby, and we were right in the middle of a military target.

Q. What happened?

A. Monday, we went over, discharged the patients who could go to duty and we kept the ones who still needed care. I think we had some polio patients in iron lungs we kept at Canacao [Naval Hospital]. The next day, I think it was Dec. 10 [1941], the Japanese started dropping their bombs. Their target was Clark Air Force Base, and they mowed down the pilots just as they were getting in their planes.

Then, the next day, they bombed the Cavite Navy Yard. That was my first experience with casualties. Evidently the gates were all locked and [no one] could get out, so those poor fellows were absolutely massacred in there. Our corpsmen went out with ambulances and we stayed

in the hospital with our casualties. I know many of our corpsmen didn't come back, but [wounded] were coming in every vehicle available, sitting on top of cars — four and five to a car. They were even picking up dead bodies and bringing them in...Our ward had 78...and when I walked in the hospital, I said "Oh, my God, this is really war."

Our doctors were all in the OR, so we [the nurses] had to fend for ourselves. There were only nine Navy nurses...Everyone was screaming with pain: one nurse would fill a syringe with 20 cc of tetanus toxoid; another nurse a syringe with morphine. First we'd give the tetanus, then the morphine to try and ease some of the suffering. It went on for the entire day.

I'd always been an OR nurse...we were operating on one patient after another without the benefit of an OR. The doctors were walking from one patient to the other without changing gloves...all we were doing was saving lives, even operating on the steps, any place at all available...At one point I looked out of the window, it was dark and there was fire all around us. I thought to myself, if [the Japanese] came and dropped another load, this suffering would be over, mine included.

Q. Where were you and what happened when the Japanese entered Manila?

A. We had moved to Santa Scholastica, a college of music run by German fathers. We'd set up a hospital there because we figured we were going to stay a while, and we stayed until the Japanese came on Jan. 2, 1942 and we were placed under guard. By that time, many of our patients had died and many were recovering, so we were ordered to transfer them up to Bilibid Prison Camp, but we stayed in Santa Scholastica.

Hispanic Americans play an important role in U.S. Defense

By Master Sgt. Linda Lee, USA
American Forces Information Service

Hispanic Americans have served and continued to serve the United States and the Department of Defense with courage and distinction, said Defense Secretary Dick Cheney.

The role Hispanic heritage plays in the United States wasn't officially recognized until 1968, when President Lyndon B. Johnson and Congress proclaimed Hispanic Heritage Week. Since 1989, Hispanic Heritage has been a month-long observance.

Hispanic Heritage Month begins Sept. 15. The theme is "500 Years of Hispanic Heritage, 1492-1992 - Contributing to America's Progress." It continues to build on the themes for the last few years. "500

years of Hispanic Heritage" has started each theme and focused on different aspects of Hispanic culture. In 1990, the other part of the theme was "Education Excellence, Key to Our Future," while last year's was "A Cultural Mosaic."

To recognize their contributions, DoD takes part in the Hispanic Heritage Celebration each year. There is no set way to celebrate the Hispanic contributions throughout the services. Each installation develops its own program, ranging from guest speakers and special meals at dining facilities to displays and sports events.

When thinking of their contributions to the country's defense, said Cheney, remember that 37 Hispanic-Americans received the Medal of Honor, the nation's highest military decoration. The medal was first

awarded during the Civil War - two Hispanic-Americans were among the first to receive it.

Hispanics received the Medal of Honor for actions during the Boxer Rebellion, World War I and II, Korean Conflict and the Vietnam War.

Q. Other than the obvious casualties, what was the nature of your patient load?

A. Civilians of every imaginable nationalities — people who had been in route from such places as Singapore and Shanghai and who were stranded. For example, one of the nurses who joined us was the superintendent of Queen Mary Hospital at Hong Kong. We had a doctor, Dr. Dana Nance, who was a missionary and who was caught in Manila. We also had a Hungarian doctor who had escaped [from Hungary] and came to the Philippines and was caught, and he landed with us.

None of the nurses ever complained. We did what was expected of us, and that was to take care of the patients.

Q. You were in a civilian hospital, so were you treated like civil-

ians?

A. No, we were military. Our chief nurse, Laura Cobb, was with us, and we took the same orders that we would have, had we been in a Navy hospital. CAPT Davis was with us and reminded us that we were Navy first. He also warned us not to get too friendly with the civilians because you never knew who you were talking to. Eventually we moved to another area in Santo Tomas known as Santa Catalina. It was a bigger place, and I think that by that time, Bataan had collapsed and the Japanese transferred the Army nurses to Santo Tomas, increasing our staff of Navy and civilian nurses.

I think the Japanese had respect for us because we were working all

See Navy Nurse on page 3



LT Margaret (Peggy) Nash takes care of a patient in a Japanese concentration camp in Santo Tomas. The photograph, which was taken by an enemy guard sometime in 1943, found its way to many different places, notably in Knickerbocker Weekly, a Dutch magazine published in February 1945. (Photo courtesy of Margaret Nash).

to their ancestry. "Many of these valiant Hispanics made the ultimate sacrifice and received recognition posthumously," he said.

Those who received the nation's highest recognition include:

• Marine Pvt. France Silva. He

See Heritage page 3

Inside

Women's Equality Day celebration	Page 5
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Fleet Week 1992 Schedule of Events	Page 8

Messages from the Secretary of Defense and the Chairman of the Joint Chiefs of Staff

Secretary of Defense

"Once again, this year, Americans can exercise a right that millions around the world wish for and sometimes must fight for: the right to vote.

By voting, each of us stakes a claim to the most fundamental role in democracy—the right to choose our government. That power of citizenship and the freedom it bestows should never be taken for granted.

The public officials elected this year will represent you at all levels of government—in federal, state, and local offices. The President, all members of the House of Representatives, 35 Senators, 14 Governors, and thousands of state and local officials will be chosen this year. The decisions they make in office will directly affect you and your family. But the decisions you make, as a voter, are most important of all. Don't leave it up to someone else to make the difference in your government.

Voting is easier for the military than ever before. It only takes a few minutes to complete a federal postcard application, called an FPCA form. To get an FPCA form, see your commander or voting assistance officer. They will be ready to help.

The recent democratic revolutions in Eastern Europe and the Soviet Union remind us how precious our own rights and freedoms really are. Be a part of the political process. Democracy counts on your vote."

Chairman, Joint Chiefs of Staff

"This year Americans around the world over the age of 18 will vote in primary elections and on November 3rd they will vote for the leaders of our country, our states, and our local communities. I want each soldier, sailor, marine, airman, and coastguardsman to participate in this important process. Military voter participation in the last national election reached an all time high—it was over 63 percent in 1988. But, troops, we can do better than that; we can improve on that number.

Election outcomes could be decided by absentee votes such as yours. If you don't know how to request an absentee ballot for the remaining primary elections or for the November 3rd general election, contact your voting assistance officer now. Obtaining and filling out a request takes only a few minutes of your time and, believe me, it's easy.

Again, I encourage, I want, each of you to participate in this year's election process. Voting is not only our privilege but our obligation as American citizens. If you don't vote, others will be making decisions for you—decisions which will shape our nation's future. Democracy counts on your vote! Your vote will make a difference."

For more information on voting, contact NAVHOSP Oakland's voting assistance officer, LT Terry Priboth at 633-5820/5824.

Free catalog available for U.S. Government books about military history

The U.S. Government Printing Office offers a free catalog of U. S. Government Books about military history. Listing official military history books covering World War II, Korea, Vietnam, the Civil War, women in the military, turmoil in the Middle East, America's fighting ships and more. These official military history books feature detailed descriptions of key battles, personal memories of participants, information on strategy and tactics.

To order your free catalog of U.S. Government Books about Military History, please write to the Superintendent of Documents, Military History Catalog, Mail Stop: SM, Washington, DC 20401.

NAS Alameda Family Service Center offers a variety of programs

The Family Service Center (FSC) offers a variety of programs for military personnel, spouses and families from Career College Comeback to Choosing Child Care, to stress management to positive parenting workshop. The FSC has a workshop, seminar or support group just for you!

PHASE MEN'S AND WOMEN'S GROUP — The Phase Treatment Program is available through the FSC for people who are involved in an abusive or potentially abusive relationship. Please call (510) 263-3141 for more information or for a confidential screening. Men's group meets every Tuesday at 10 a.m. and the women's group meets every Thursday at 10 a.m.

STRESS MANAGEMENT — This one day workshop is designed to help you recognize your own stressors and to develop a plan for coping more effectively with them. Stress, good and bad, is a part of everyday life. Come and learn to manage rather than be managed by stress on Wednesday, Sept. 16, 9 a.m. - 4 p.m.

CITY SAFARI BARGAIN SHOPPING IN ALAMEDA — Join us on a fun trip of exploring Alameda for bargains on Wednesday, Sept. 16. We will visit consignment shops featuring both children and adult clothing. We will leave the center at 9:30 a.m. and return at 3 p.m. The cost will be \$2.20 for transportation. Bring money for lunch.

DON'T GET CAUGHT OFF BALANCE — Have you found yourself in the middle of a balancing act? Not sure of what you really have in your checking account? Come to our class on checkbook balancing. Take charge of your finances and feel confident when you write the next check. The class will be held Wednesday, Sept. 16, 6:30 - 8:30 p.m.

LOSING POUNDS SENSIBLY SUPPORT GROUP — An informative and educational support group for people to lose or maintain weight. If you need a support system join the winner's circle! Every second and fourth Thursday. The next class will be Sept. 24, 6:30 - 8 p.m.

FLEA MARKET — It's time again for the bi-annual Flea Market on Saturday, Sept. 19, 9 a.m. - 4 p.m. The perfect opportunity to find a new home for your old items. The spaces are \$5.

For more information or to register for the workshops call (510) 263-3146. Registration is required for all workshops and seminars.

NAVHOSP Oakland's new Public Affairs Officer

Michael G. Meines became NAVHOSP Oakland's Public Affairs Officer on August 10. Previously, he was the PAO for Letterman U.S. Army Hospital on the Presidio of San Francisco.

He was born in Monterey, Calif., however, he was raised in the Pacific Northwest just outside Seattle. He attended the University of Washington in Seattle.

He has been in government service for twenty years but this is his first experience with the Navy.

He is divorced and has three sons and two grandchildren.



Michael G. Meines

Audio-visual materials available in the Medical Library

CAMIS (Computer Assisted Medical Interactive-Video System)

The following programs are available in the Medical Library:

Advanced Combat Trauma Life Support
Anatomy & Physiology Series:
-Introduction
-Musculoskeletal System
-Endocrine & Nervous System
-Respiratory & Urinary System
-Integumentary System & Special Sense
-Circulation System
Oral Examination Assisting - Part 1 & 2
Emergency Medical Conditions for Hospital Corpsman
Mediquiz
Basic Medical Skills for Navy Hospital Corpsman
Regimental Surgeon
HIV/AIDS Total Force Training: Supervisors
HIV/AIDS - Command & Control: Supervisors

VCR viewing station available in the Medical Library.

The ACLS: A Preparatory Course Series of videos are available:

- I. Introduction & BLS Review
 - II. Airway Management
 - III. Lifelines
 - IV. Arrhythmias
 - V. Electrical Therapy
 - VI. Basic Balance
 - VII. Pharmacology A & B
 - VIII. Myocardial Infarction
 - IX. Practical Application & Mega Code
- ACLS - Emergency Medicine - CE Credit

After viewing the videos a post test can be taken and answer sheet sent to George Washington University. If you pass the test, they will award continuing education credits for Re-Certification at the National Registry. To take a post test contact the Life Support Division, Command Education. Point of contact is HM2 Pennington, ext. 3-4582/5205.

Red Rover

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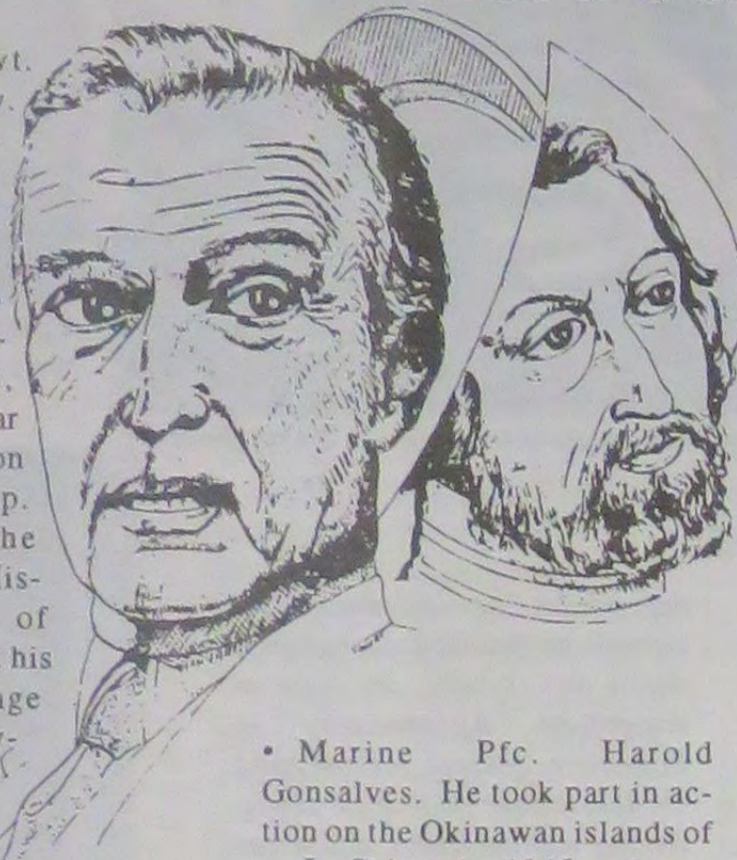
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Call (510) 633-6000
to schedule and cancel all clinic appointments,
Monday through Friday, from 8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with an appointment clerk.

Continued from page 1

Hispanic American Heritage month begins Sept. 15

aided in the defense of Western legations in China for two months during the Boxer Rebellion in 1900.

• Army Pvt. David Barkley. He swam the Meuse River in France, crawling behind enemy lines to map artillery locations in 1918, during World War I. He drowned on the return trip. Barkley is the Army's first Hispanic Medal of Honor recipient; his Hispanic heritage was not discovered until 1989.



• Marine Pfc. Harold Gonsalves. He took part in action on the Okinawan islands of Ie Shima in 1945; when a grenade landed within a group of Marines, he dived on it, absorbing the explosion with his own body.

• Army Sgt. Jose Lopez. He

A PROUD HISTORY

almost single-handedly kept his company from being over-run by Germans in Belgium on Dec. 17, 1944. His actions, which included killing more than 100 enemy, permitted the company to withdraw.

• Army SSgt. Ysmael Villegas. He single-handedly charged five

Throughout the history of the United States, hundreds of thousands of Hispanic-Americans have responded to the country's defense.

foxholes during an attack in the Philippines in 1945. He was killed while attacking the sixth; his actions inspired his men to attack.

• Army Cpl. Rodolfo Hernandez. He continued to fire on onrushing assailants after his comrades withdrew during an attack in Korea in 1951. When he ran out of ammunition, he charged the enemy, armed with only a rifle and a bayonet. He fell unconscious from bullet, grenade and bayonet wounds. His actions halted the enemy advance, enabling his unit to counterattack and retake the lost ground.

• Army Sgt. 1st Class Louis Rocco. He accompanied an emergency medical evacuation team to evacuate eight critically wounded soldiers in 1970 in Vietnam. The helicopter was forced to crash land. Rocco, severely injured, managed to pull the survivors from the wreckage. Under enemy fire, he carried each man to safety.

• Marine Pfc. Ralph Dias. Though severely wounded by snipers in Vietnam in 1969, he crawled to a location near the enemy. He unsuccessfully

threw several grenades at the enemy location; he moved into the open, and as he threw a grenade that destroyed the enemy's gun emplacement, he was killed.

Throughout the history of the United States, hundreds of thousands of Hispanic-Americans have responded to the country's defense. They are unsung heroes, said Cheney, men and women who did what was asked of them in the defense of their country.

These include Marine Sgt. James M. Lopez and Cpl. William A. Gallegos, taken hostage when the U.S. Embassy in Iran was overrun in 1979; Air Force Maj. Fernando Ribas-Dominicci, killed in a combat mission over Libya in 1986; Marine Pfc. Guy Gabaldon, who singlehandedly captured more than 1,000 Japanese soldiers on Saipan in 1944; and Air Force Capt. Manuel Fernandez Jr., who, with 14.5 air victories, was the third-ranking fighter pilot in the Korean War.

ENHANCING AMERICA'S FUTURE

Continued from page 1

Navy nurse WWII POW

the time. I say "I think" because you never knew how the Japanese felt. Of course, if you were to do anything that was against their regulations, they'd shoot you, so you had to be very, very careful.

Q. Were you mistreated at all? Beaten? Tortured?

A. Not in the strictest sense, but the Japanese guard would walk in our quarters at any hour of the day and night. This caused us much distress because we never knew what they had in mind, and we never stayed alone in one room and kept our clothes on at all time. Other than that, they didn't hurt us physically. However, they did terrible things in that camp. If anyone escaped, they would make a spectacle of it, bring [the escapees] in, beat them unmercifully, and we all had to watch. Then, after they had beaten them, they'd shoot them. Their message was: don't try to escape because this is what's going to happen if you do.

Q. What were you given to eat?

A. Our menu was interesting. Have you ever tasted wall paper paste? Well, that's what we had for breakfast — weevils and all. It was called lugao. They would give us milk for it, and if you were lucky you'd get a banana. The second of our two meals a day was a stew of all native vegetables served at 5 p.m. We had no meat, no protein of any kind, and that's why there was so much beriberi (1) and malnutrition.

We'd look outside and see the monkeys in the banana trees. We were surrounded with banana trees, and we'd see the little animals scurrying up and down the trees and peel bananas. We stared at them. We were really starving.

Q. Did you get beriberi?

A. Yes, in 1944. I was swollen all over my arms, my legs. Dr. Nance said the only way to save me was to arrest the infection until they could send me back to the States. They

decided to give me a crude typhoid vaccine — brewed by old friends in the Lab. One of the islanders told me they were doing that back in the States for people who were brought back in terrible shape. Anyway, they gave me the first injection. My temperature went to about 106, and I survived that one. Then they gave me a second one and it nearly killed me. They were going to give me a third one, but our chief nurse said, "no, she'll never make it."

Another Navy nurse who was staying with me said, "Peggy, if I die, don't leave me here, make sure I go home." and I replied, "we can't bury you here, you don't have any nice clothes to put on."

You know, we always had this sense of humor that we never lost. Q. Is this what pulled you through?

A. Yes. That and my faith in God, my family and my profession. We were kept busy all the time and we didn't have time to think about ourselves. But we could always laugh.

Q. Do you remember a particularly tense moment...something frightfully moving that you will never forget?

A. Yes, when one of the internees tried to steal some onions. He kept telling me that the Japanese were planting a garden and said, "as soon as the onions start to grow, why don't we go and steal some?" I had a little shanty not far from the garden, so I could keep an eye on the guard. The night came when we decided to steal some onions. My friend said, "you watch and I'll run down [to the garden] and pull the onions."

So I sat there and watched very nonchalant when, all of a sudden, I heard a shot and saw my friend run past the shanty. He'd pulled the onions all right, but he left the evidence when [the guards] fired at him. So I sat very still and tried to

control myself while he went out and started mingling with the internees. The guards couldn't find him, but they put us all on trial anyway, and I lied like a rug on that stand. I have never lied so much in all my life.

About three weeks later Father Ahearn came down and asked me, "you know who stole the onions, don't you?" I replied, "yes I do," and Father said, "it's OK, we're fighting for survival in here, but for God's sake, don't lie like that when you get out of here." I told him, "don't worry." At the time, however, I didn't care. I thought that we were fighting for life, and the only thing we wanted was an onion to put in the rice to try to help flavor it.

Q. Was your family aware that you were still alive? When and how did they learn about it?

A. Well, that's a story in itself. When we were still at Santo Tomas, I noticed that a Japanese guard kept following me all the time. The moment I came out of the building, he was right there, and when I'd get to the hospital, I'd turn around and he'd be following me. I was scared to death. This went on for about five days, until one morning, when I was on the ward talking with a patient, all of a sudden, that same little guard was at the door and he snapped a picture. That's all he wanted: to take a picture and he had me in a panic for days.

Anyway, the next day the picture appeared in Japanese propaganda, and, apparently, after the launching of the American invasion, CDR [R.F.] Armknecht [Civil Engineer Corps, USN] whom I had known in Guam, saw the picture and sent it on to the Intelligence Office at his base for identification. Somehow the photograph ended with the Navy Department, and they contacted my

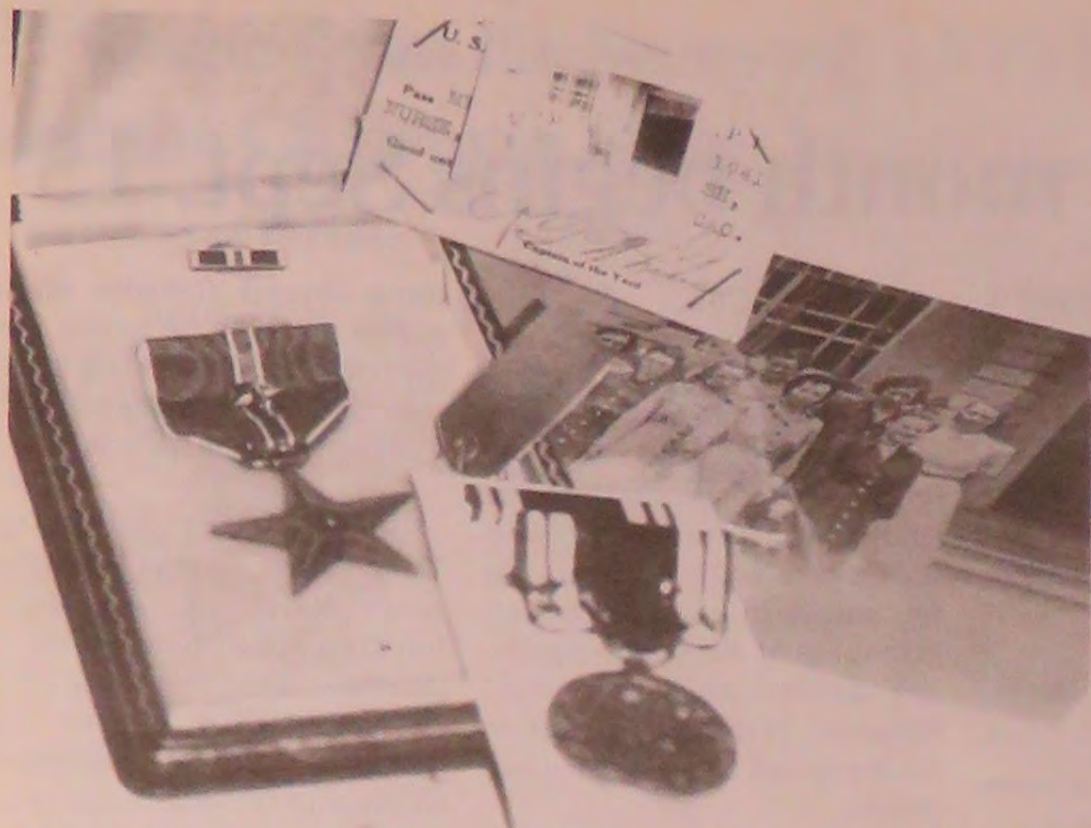


LT Margaret (Peggy) Nash in 1946. (Photo courtesy of Margaret Nash)



CDR Margaret (Peggy) Nash (Ret.) smiles as she recalls her experiences. (U.S. Navy photo by LaRell Lee)

Continued on page 4



Memorabilia from Peggy's military career. (U.S. Navy photo by LaRell Lee)



Peggy as she speaks of her experiences. (U.S. Navy photo by LaRell Lee)



A photo essay depicting Peggy Nash's life. (U.S. Navy photo by LaRell Lee)

Navy Nurse...Continued from page 3

mother.

Q. Now, you said before that you volunteered a lot to get out of the camp. Didn't you volunteer to go to Los Banos in May 1943?

A. Yes. The Japanese decided to open up another camp in Los Banos, an agricultural college where they planned to eventually transfer all the internees out of Santo Tomas. They asked for volunteers, and Dr. [Charles] Leach from the Rockefeller Foundation said he'd like to take the Navy nurses. After consulting with our chief nurse we decided to go.

They sent 800 able-bodied men (including CAPT Davis) and the 11 Navy nurses, put us in a truck at 5 a.m. and gave us each a duck egg and a piece of bread. The civilians had a little band that was playing "Anchors Away," and boy, we were all crying as we went out. They put us in a box car — 68 men and two nurses to each car — and away we went for the five or six-hour trip. The heat was so oppressive that, sometimes, the guards had to open the doors when we stopped.

I'll never forget the Filipino people...they were just wonderful, trying to throw some food in [our cars], but the Japanese wouldn't let them. All we had to eat that day was the duck egg and the piece of bread...until we finally reached the camp. That night we saw a chicken by the barbed wire. We caught it, and that chicken ended up in a pot fashioned by one of the men. We had a lot a broth for a while — but not for long.

Anyway, we set up the hospital there and we took care of the civilian internees, treating them for jungle rot, fungi, diarrhea and malnutrition. Every day the same routine, day after day — 800 men and 11 Navy nurses — There was a song about it, but I don't know what it's called.

Q. What was a typical day for you, if there was such a thing?

A. To have 15 men sprawled around in my dispensary soaking their feet in whatever solution we had — bichloride of mercury — If we ran out of one thing, a pharmacist would make up some kind of solution. And there was the fungus. See my nails, they keep breaking up continuously. I've been back 50 years and they still keep breaking because of the fungus. But at least I have my fingers.

We also had operations and had to take care of the Japanese guards. In fact we took a Japanese guard's appendix out once, and they stood over the assistant nurse, watching all the time. Another one was placed

in a vacant room next door to my dispensary. He was under guard and constantly watched because, if he died, they would shoot one of us.

Q. Do you know how many civilians internees were at Los Banos?

A. We started with 800 men and the 11 Navy nurses. But after we started getting the camp built up, they began to transfer the people from Santo Tomas, and by the time we were liberated, there were about 2500. Of course, I don't know how many died because two or three were dying every day...One would say to the other, "if you think you're going to die, you'd better start digging your grave because I am just too weak."

Q. If you could think of one particular moment that is the most important to you in those years — 1941 to 1945 — what would it be?

A. The day of our rescue, I'll never forget that! It was the morning of Feb. 23, 1945, a little before 7 a.m. when I heard a plane overhead. I went out and looked up and saw what I thought were leaflets falling. But they were paratroopers. And when the paratroopers dropped into the camp, the amphibian tanks crashed through the gate.

I ran to the first paratrooper and asked him if he had anything to eat. He took out a Hershey bar and gave me half. I put it in my pocket and forgot it in all the confusion. It melted in the heat.

The paratroopers told us we'd have to leave immediately to get back to Leyte because we were surrounded by 25,000 Japanese. Everything happened at once while the Japanese guards were doing their calisthenics at 7 a.m....the tanks came through, the paratroopers dropped from the sky...and the Americans captured the entire group. The whole camp was on fire. I looked around and saw those flames, and you know, I didn't even care. We all felt the same way...stray bullets were going in every directions, and the first thing I thought about was our patients. Two babies were born shortly before the rescue. Edwina Todd grabbed one, and I grabbed the other one (Elizabeth). By that time things were slowing down a bit. We had to make it to the beach about a mile and a half away. They put the two babies, the two mothers and Edwina and me on stretchers. Then, they placed us in a sort of tank (an amtrac), and we were lucky enough to have a ride to the beach. All the others had to walk, swollen with beriberi and all. "I'll

never forget looking back and seeing Susie [Pitcher] (2) dragging whatever possession she had left."

When we got to the beach, at Laguna de Bay, the Japanese started to fire. I covered the baby with this great big hat I had, then I layed in the sand over her. Later, I took the baby and started running across the beach, found the amtrac, got in, and somebody said we'd better shove off because the Japanese were reloading. They forgot to put the turret down...the tank was filling with water, and as I was holding this baby, I was thinking "Gosh Peggy, you're in a jam." But we made it! It took us about one hour to get to the other side, in New Bilibid Prison, but it was American territory. They were trying to set up a hospital for the war casualties. We stayed there 10 days, working and helping the Army doctors who were without nurses.

Q. How were you repatriated?

A. We island-hopped, first to Santo Tomas — which had been liberated on Feb. 3. (Dead bodies were still lying along the road — Americans and Philipinos). Afterward, we were flown to Leyte, where we were taken to ADM Kinkaid's [VADM Thomas C. Kinkaid was commander, 7th Fleet and Southwest Pacific Force] headquarters. He took us in his little plane to Guam where I met my friend, the chief nurse, Leona Jackson. After Guam we had to stop on Johnston Island because the Japanese were firing at us. (We came back at the time the US Marines were putting up that flag at Iwo Jima). From there, we went straight to Hawaii where we found that we had rank (3), uniforms and hot water. After five days, we flew to Oak Knoll, where we were thoroughly examined. They took x-ray after x-ray and kept telling me I had a cavity in my chest. Then, they told me they'd better take me closer to home because I had tuberculosis and only five years to live.

Postscript: Far from giving up the ghost, after being treated at St. Albans Naval Hospital in Long Island, Margaret (Peggy) Nash has lived a full and rich life. She was medically retired from the Navy on April 1, 1946 (28 days short of 10 years). Her tuberculosis was arrested, and she eventually became what she calls "a part-time nurse" at the Student Health Center of the University of California Berkeley, working from September to May and traveling during the summer. She retired from the University in 1973 and, afterward, volunteered to take care of sick senior citizens in

their homes. Surrounded with photographs and paintings she collected during her travels, she lives in Waterford Apartments, in Rossmore, giving personalized "history lessons" to young students, visiting with her friends and nieces and organizing her POW artifacts and photographs to give to the Navy's Archives.

(1) According to Webster's Dictionary, beriberi is a vitamin B-deficiency-induced infection marked by inflammation and degenerative changes of the nerves, digestive system and heart. The patient dies when the infection reaches the heart. (2) She'll never forget any of them, but Peggy particularly remembers Susie Pitcher because she was so ill with beriberi that doctors at Oak Knoll gave her five years to live when they examined her — a prediction that came to pass.

(3) When Margaret Nash joined the Navy, nurses held only relative rank by appointment by Congress. They were treated as officers, but didn't get the pay of officers. She learned she was a lieutenant junior grade when she reached Hawaii, and was made an honorary commander at her retirement.

A. Marechal-Workman

This picture was taken after the dramatic rescue of Navy nurses from Los Banos Camp on Feb. 23, 1945. VADM Thomas C. Kinkaid, USN, commander 7th Fleet and Southwest Pacific Force, welcomed the nurses on their return to American safety with our forces. Uniforms were made in the prison camp by LT Golda Merrill, who ripped up dungarees to obtain

material. (Note the line on Peggy's uniform — 2nd from right, first row — in her dispensary). The nurses received Bronze Star Medals in a nationwide ceremony were awarded the POW Medal by, then, President Reagan in 1983. The rescuees were: LT Golda Merrill, Mayfield, Minn.; LT Mary Hays, Chicago, Ill.; Chief Nurse LCDR Laura Neb; LT Bertha Evans, Portland, Ore.; Helen Grant, a British nurse who worked with the group; LT Mary Rose Nelson, San Diego; LT Edwina Todd, Pomona, Calif. (Official Navy photo by LaRell Lee)



A snapshot of Peggy and her fellow nurses, set below Peggy's nameplate at the rescue of POWs. The steps of the nurses quarters held at Bolling Air Force Base. (Official Navy photo by LaRell Lee)

Women's Equality Day celebration

Every year since 1973, by presidential proclamation, Americans have officially commemorated Women's Equality Day on the anniversary of the ratification of the Nineteenth Amendment, Aug. 26, 1920.

NAVHOSP Oakland held a program Aug. 26, 1992, when keynote speaker was The Honorable Judge Brenda Harbin-Forte — a judge in the Municipal Court of the State of California, Oakland-Piedmont-Emeryville Judicial District, in Oakland.

The first black woman to head the Alameda County Bar Association, Judge Harbin-Forte was appointed by Governor Pete Wilson in January 1992, a mere 24 days after her election to the Bar's presidency — from which she had to resign to accept the judge's appointment. Her accomplishments are many; her career a symbol of women's long struggle to achieve what she called "equally proportional, equally balanced rights...[with] accompanying necessary ability and power."

"As commanding officer, it is my pleasure and it is my duty to insure and pledge my support to equal opportunity for women at this command," said RADM William A. Buckendorf in his welcoming remarks. He added, "I also want to say thank you to

American women, especially to all of those who have made contributions to my endeavors, and who are basically responsible for whatever success I might have had.

"For those people here, we need to renew our efforts and pay attention to what we have learned last week in our sexual harassment seminars so that we may lead the Navy into the next century, putting this nation truly in place with equality for all."

The program was organized by CDR Betty L. Wright, MSC, head of Food Management Department. LT J. Lynn Kennedy, CHC, USN gave the benediction.

A reception followed the program in the hospital's dining room.

Guest speaker, The Honorable Judge Brenda Harbin-Forte, smiles for the camera during a reception in her honor.

(U.S. Navy photo by Andree Marechl-Workman)



Architects of the program, CDR Betty Wright and Mary Smith. CDR Wright is head, Food Service Department; Smith is the Federal Women's Program's manager. (U.S. Navy photo by Andree Marechl-Workman)



The long struggle to get the vote

By Mike Meines

The 19th Amendment of the U.S. Constitution gave American women the right to vote on Aug. 26, 1920. However, the events that led to the ratification of this momentous edict were officially sparked by the Women's Right Convention in Seneca Falls, N.Y. in 1848, followed by decades of work by the women's suffrage movement aimed at securing this most unalienable right for all the citizens of the United States. Unofficially, however, the issue of women equality has an even earlier beginning, and its evolution is outlined in the following historical account of its development.

The beginning of the women's suffrage movement can be traced to England, in 1840, at the World Convention of the Anti-Slavery Society. Elizabeth Cady Stanton and her husband, Henry, were part of the American delegation. The British were horrified to learn that the American contingent had women members, and after much discussion, the convention voted against seating the female delegates. The women were allowed seats in the balcony where they could listen to, but not participate, in the proceedings. Needless to say, Elizabeth walked out.

Now, there are a couple of things I might add at this point. It's amazing to me that a country whose constitution reads that all men are created equal, but didn't allow women to vote at the time, sent women as part of their delegation. Was this progress? Or did the male delegation need someone along to

cook and clean?!

Elizabeth Cady Stanton will be remembered as a forerunner in the women's suffrage movement, but if you remember that this was 1840 and it wasn't a five-hour trip in an airplane to reach Mother England, I would venture to guess that this lady was rightfully angry as a wet hen.

In any event, on that very trip to England, Stanton met Lucretia Mott from Philadelphia. The two women became good friends and resolved to hold a women's rights meeting in the United States. Eight years later, in 1848, Elizabeth Cady Stanton organized a women's rights convention in Seneca Falls, N.Y.

This convention of 300 attendees voted on resolutions calling for women's rights to own property, obtain a divorce, practice free speech and enjoy equal opportunity in commerce, the professions and education. The last resolution they addressed called for granting women the right to vote. This became the cause of much debate, but was adopted by a slim majority. Stanton and Mott were joined in the women's rights movement by Lucy Stone from Massachusetts.

Almost 20 years later, a fourth woman, Susan B. Anthony became involved in the struggle for women's rights. Although she was a major player in the prohibition movement, she resigned from her work with the American Temperance Union to devote all of her time to the Women's Rights Movement.

Though none of them would live to witness the ratification of the 19th Amendment, these four women, whose name are synonymous with women's suffrage, began the campaign for the voting

rights for American women. They dedicated their lives to the enfranchisement of women.

In 1869, Susan B. Anthony and Elizabeth Cady Stanton founded the National Women's Suffrage Association (NWSA). The goal of this organization was to gain the vote for women.

Also in 1869, Lucy Stone founded the American Women's Suffrage Association (AWSA). As opposed to the fight for national rights, this organization was more concerned with the states and with working for women's rights through the state legislatures.

However, in 1890, these two organizations merged under the title of the National American Suffrage Association, with Susan B. Anthony as president from 1892 to 1900.

One of the first victories for women occurred in the West, naturally. In the West, women worked the land side by side with their husbands and were considered equal partners in marriage. In Wyoming, Esther Morris, mother of three sons and the wife of a settler, asked the president of the Wyoming Territorial Council, William Bright, to grant women the vote. Before the opposition had time to organize, a bill was passed by both houses of the legislature and signed by a sympathetic bachelor governor.

In 1890, when Wyoming applied for statehood, some members of Congress tried to get the territory to annul their women's suffrage law. The Wyoming legislature wired back to Congress, "We may stay out of the Union for 100 years, but we will come in with our women." And so, Wyoming was admitted as the first women's suffrage state.

By 1910, 41 years later, three

additional states (Utah, Colorado and Idaho had also granted the vote to women. Slowly, other states began to ratify — sort of — women's right to vote in school board elections, etc.

As all major freedom movements in our history, there was considerable pain and suffering for those who led the movements. In 1915 Carrie Chapman Catt formed a political party called The Women's Party. They protested in front of the White House trying to catch the attention of President Woodrow Wilson. They were arrested and jailed, and when the media described the conditions of the jails to their readers, public sympathy and support for the women spread.

In 1917, the United States entered World War I and the women still didn't have the right to vote. Ironically, Jeanette Rankin of Montana was the first woman to serve in Congress in 1918 before women had the right to vote. Who voted for her?

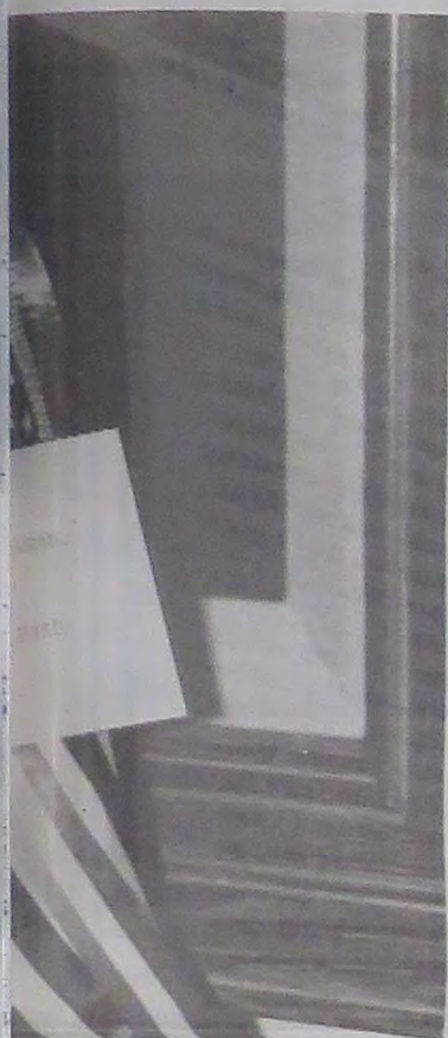
In March 1920, 33 states — just short of the required 36 — had ratified the amendment. Then came ratification from West Virginia and Washington State. Tennessee was to be the state that put the amendment over the top.

In 1920, 80 years after that meeting in London, American women were given the right to vote.

The Nineteenth Amendment (proposed on June 5, 1919, ratified Aug. 6, 1920) reads as follows: "The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any state on account of sex." So, ladies, get out and vote on Nov. 3rd!



and practising Catholic. (U.S.



McHale, taken in Guam is commemorating the anniversary. The snapshot was taken on Guam; the reception was in D.C. in March 1992. (U.S.



ant rubbing against a table on Sept. 4, 1945. Later they (from left) LT Susie Pitcher, wife who worked with the (Lomita, Calif; VADM (Lita, Kan; Maureen Davis, a (Helen Gorzelanski, Omaha, group; Lt Margaret (Peggy) photo, courtesy of BUMED'S

Oak Knoll Viewpoint

After a long struggle, women were given the right to vote on August 26, 1920.
How far do you think women have come since the 1920's?



ABH3 Buenaflor F. Balolong, Security

Before women were given the right to vote, they weren't given the same recognition that men were; however since the 1920's women's rights have come a long way. Eexamples of progress women have made are: (1) female astronauts; (2) female pilots; (3) women sent into combat missions; (4) great women athletes; (5) women political leaders; and (6) women



LTJG Janet A. Olson, Head, Patient Services Division, Patient Administration

Women have definitely progressed in the last 70 years. We have been fortunate enough to be able to

society today is the women's right to seek alternative choices for pregnancy. The ultimate decision made by politicians will have a large impact on how women view their rights. Best advice for women: continue to always accept more challenging roles — strive to be professional and always voice your opinions.

HM2 Kymyvette M. Jackson, Preventive Medicine Department

In my opinion women have made many advancements in the various employment fields. However, today the issue of vast differences between women and men's wages has not changed. Women still continue to endure sexual biases, but changes are occurring. We are losing interest in voting and each day we read of government financially supported agencies, schools and hospitals, etc., enduring severe financial cutbacks. Even with these shortages Americans have surrendered their right to vote and the decisions of who will preside over the U.S. government. Eliminate mental and financial slavery ... REGISTER and VOTE!!



Solidad C. Salud, Blood Bank

We have come a long way since then. We are seeing a lot of women running for office at the state and national levels of politics, as well as holding executive positions in the corporate world. But in this male-dominated society, women are constantly struggling for equality and recognition. No matter how hard we try to prove ourselves, the men always treat us as second-class citizens. I hope this will change. We will prove to them that we are equal if not better than they are. It's not what you are that counts but who you are that's important. Maybe in the near future, we will have a woman president in the White House running this country and we will show the world that we can do a better job.



Mary Ann Spier, SFMC

Let's not forget or take for granted the labor of our sisters in



the past who had a vision which began with the right to vote in 1920. They started the efforts, and we have the responsibility to them, ourselves and future generations to continue with their vision. Acceptance as equals, yes, we've come a long way since the 1920's, but we have a long way to go — So, GET OUT AND VOTE!!

From the Chaplain

"It isn't easy being green"

By ENS Michael A. Schadick, USNR, Chaplain Candidate

A famous muppet once said, "It isn't easy being green." Perhaps the late Jim Henson, the creator of the legendary Kermit the Frog, once served thirty one days of temporary active duty at NAVHOSP Oakland as a Jewish chaplain candidate. It seems that chaplains who wear the ten commandments on their collars are a rare breed.

Some people have been unsure what to call me during my

short tour here. I have been referred to as chaplain, father, rabbi, pastor and even "Chanukah." I have also fielded many questions about Judaism. Several patients asked me where my "beanie" was. One seaman wanted to know if Jews still practiced animal sacrifices. A staff member even inquired as to what the Koran said about Jesus. I explained that Jews neither read this work nor were experts on Jesus. Thus my role as a Jewish chaplain candidate has been as much about educating patients and staff about Judaism as it has been about com-

forting them in their time of spiritual need.

I have enjoyed this role of educator during these past thirty one days. I have been involved

in many sessions with other chaplains, staff and patients comparing and contrasting Judaism with Christianity. The similarities are surprisingly numerous. Both Jew and Christian embrace a merciful God who bestows love and goodness upon the earth. We are encouraged to seek this God in our day-to-day lives.

The idea of seeking God is of particular relevance to Jews at this season of the year. On the evening of Sept. 27, Jews will begin their high holy day observances. It is during these days that Jews will welcome in their new year 5753. Jews all over the world will spend Rosh Hashanah and Yom Kippur, the days of repentance, seeking God's blessings for the coming year and atoning for transgres-

sions committed during the past one.

Jews are encouraged to reawaken their commitment to Judaism during these days of repentance. It is said that on Rosh Hashanah God determines who will be written into the book of life for the coming year, and eight days later on Yom Kippur, God's decrees are sealed. During the intermediate days, Jews have the opportunity, through prayer and acts of kindness, to sway God's decision.

A happy and healthy new year to all.

Note: ENS Michael Schadick is currently a fourth year rabbinical student at the Hebrew Union College Jewish Institute of Religion in Cincinnati, Ohio. He completed 31 days of temporary active duty at NAVHOSP Oakland, August 31, 1992.

Chaplain's corner note



There will be a command-sponsored POW/MIA Recognition ceremony on Friday, Sept. 18, 7:30-8 a.m. at the building 500 flag circle. All NAVHOSP Oakland personnel are invited to attend as we commemorate this national day of remembrance.

Diet Corner

Vitamin and mineral supplementation: Is more really better?

By LTJG Katherine Starr, R. D., MSC, USN

Most of us remember our mothers forcing us as children to take our vitamins. We know that this practice is wise since most children do not eat a balanced diet and, therefore, must rely on vitamin mineral supplements to meet the Recommended Dietary Allowances (RDA).

The RDAs were established to determine the minimum amount required for each essential nutrient. Dietitians and other healthcare professionals are taught that if you eat a balanced diet, consuming a variety of foods from the four major food groups, you are protected from vitamin mineral deficiency. However, new research has shown that higher doses of certain vitamins may actually prevent such

ailments as heart disease, certain cancers and aging. This does not imply that excessive intake of these vitamins and minerals is the answer.

Remember that taking a pill cannot provide you with all of the nutrients that food can provide.

In fact, large quantities of certain nutrients is very dangerous. For example, excess intake of Vitamin A, a fat-soluble vitamin can lead to liver damage and hair loss. Consumption of a well balanced diet

with emphasis on foods containing antioxidants (vitamins A, E, C and beta carotene) is recommended instead.

Antioxidants prevent oxygen from combining with other substances and damaging them. It is believed that this damage is responsible for the aging process and many cancers. Foods that contain anti-oxidants include dark green leafy vegetables, nut, seeds, whole grains, vegetable and fish-liver oils. Remember that taking a pill cannot provide you with all of the nutrients that food can provide. There are many supplements available that provide excessive doses which produce toxic side effects. When selecting a supplement, look for one that provides no more than 100-200% of the RDA for each nutrient. Also, be cautious of high-cost brands. The same benefit is found in generic brand supplements

Tobacco and Health

How does smoking affect physical fitness?

By CAPT David B. Moyer, MC

How does smoking affect physical fitness? Newspaper and magazine ads in the 1920's and 1930's had prominent athletes advertising cigarettes. One example from 1927 by Bob Beattie, All-American football player: "my wind is in splendid shape. I smoke Luckies - they're great." And another from 1928

by Glenn Hardin, Olympic champion and world record holder in the hurdles: "For digestion's sake, smoke Camels. I smoke Camels with my meals because it wouldn't do much good to eat and not digest properly. It is no wonder that Camels are the favorite cigarette of athletes." These claims no longer appear, and athletes are all well aware that optimal physical fitness and smoking are incompatible.

Tables 1 and 2 are from a recent study of Physical Readiness Testing results from 1400 Navy men, comparing non-smokers with a group who smoked a pack or more of cigarettes a day. There is a major difference between the groups in both situps and times for the 1.5 mile run.

The reason is primarily because of the carbon monoxide in cigarette smoke, which combines with hemoglobin in red blood cells with a much greater affinity than does oxygen. This hemoglobin-carbon monoxide combination, called carboxyhemoglobin, is then unable to deliver oxygen to the tissues. A one-pack-a-day smoker has a carboxyhemoglobin level of 8 to 10 percent, equivalent to significant anemia, and exhales 30-40 parts per million of carbon monoxide in each breath. This accounts for the significant decrement in PRT performance in smokers, particularly in endurance events, and is another reason to either quit smoking or never start.

Table 1

Situps in 2 minutes

	Under age 30	Over age 30
Smokers	48	40
Non-smokers	61	51

Table 2

Average time for 1.5 mile run

	Under age 30	Over age 30
Smokers	12:45	14:50
Non-smokers	11:25	12:20

Oak Knoll Briefs

PHONE NUMBERS AT CUSTOMER SERVICE DESK (CSD) OAKLAND CA.

The following is a list of phone numbers for CSD, Oakland CA:

633-6541 - PNC David
633-6752 - PNC Kume
633-6746 - DK1 Morlin
633-6698 - PNC Tabligan
633-6744 - PN1 Chiong
633-6690 - DEERS
633-6690 - SATO
633-6129 - SATO
633-6689 - FAX MACHINE

EXPANDED HOUSING REFERRAL SERVICE

In order to better serve incoming and other service personnel, PWC San Francisco Housing Referral has started providing free tour service of surrounding communities. Tours will show typical apartment rentals, schools and shopping. Phone (510) 263-4297 or sign up in person at the

Housing Office, 99 Mosley Avenue, Alameda, for the tour or tours you wish to attend. Schedules are: Tuesdays, 10 a.m., Alameda, Oakland, San Leandro. Thursdays, 10 a.m., Hayward, Union City, Fremont. Tour schedules and areas visited will be expanded as demand dictates.

SUICIDE INTERVENTION TRAINING

The Mare Island Naval Shipyard Family Service Center (FSC) and Crisis-Help of the North Bay will offer a two-day Suicide Intervention Skills Workshop for interested military members and DoD civilian personnel on Sept. 24-25, 8:30 a.m. - 4:30 p.m. For registration or more information call the Mare Island FSC at (707) 646-2188 or Autovon 253-2527 no later than Sept. 17.

INTERMEDIATE NAVY

LEADER DEVELOPMENT (INAVLEAD) COURSE

Course 93015 is being offered by HSETC at Camp Lejeune Dec. 7-18. This course is designed for officers grade 04 and below. Competencies are taught using experiential learning to illustrate skills leading to outstanding performance. Requests for nomination must be submitted to the Command Education Department via your Directorate no later than Sept. 28. For more information, contact Mrs. Silva at 633-5257 or HM1 Santos at 633-5264.

MILITARY PERSONNEL NOTE

Personnel transferring within the next six months should contact Military Personnel Division for copies of orders and transfer notifications. Point of contact is PN3 Paelmo at ext. 36489

Quality Improvement

Results of Patient Opinion Survey

(Conducted by Press, Ganey Associates, Inc., South Bend, Ind., Dec - Feb 1992. 140,00 patients in 225 hospitals)

Relative Importance of Individual Issues to Overall Satisfaction Score

Survey Item	Correlation
1. Staff concern for your privacy	.94
2. Staff sensitivity to inconvenience of sickness and hospitalization	.94
3. Adequacy of information given to family about your condition	.92
4. Overall cheerfulness of hospital	.91
5. Nurses' attention to your calling them	.90
6. Extent to which nurses took your problem seriously	.90
7. Nurses' attention to your personal and special needs	.89
8. Courtesy of technician who took your blood	.89
9. Technicians' explanations of tests and treatments	.89
10. Likelihood of recommending hospital	.88
11. Nurses' friendliness	.87
12. Nurses' promptness in responding to call button	.87
13. Nurses' information about tests and treatments	.87
14. Technical skill of the nurses	.87
15. Skill of technician who took your blood	.87
16. Courtesy of business office	.87
17. Courtesy of information desk personnel	.87
18. Nursing attitude toward your visitors	.87
19. Courtesy of admissions personnel	.85
20. Courtesy of IV starter	.85
21. Hospital's concern not to discharge	.85
22. Adequacy of advice for home care	.84
23. X-ray technicians' concern for your comfort	.83
24. Staff who transported you	.83
25. Respiratory care	.80
26. Social Services	.80
27. Cheerfulness of room	.79
28. Courtesy of cleaning personnel	.79
29. Likelihood of getting the food you checked on the menu	.79
30. Speed of admissions	.78
31. Skill of person who started your IV	.78
32. Volunteers	.78
33. Accommodations and comfort for visitors	.77
34. Physicians' information to family	.76
35. How well TV, call button, etc. worked.	.75
36. Physicians' concern regarding questions	.75
37. Physicians' information to patient regarding treatments	.75
38. When told you could go home, the time you had to wait before being able to leave	.74
39. Daily cleaning of room	.73
40. Physical therapy	.73
41. Adequacy of visiting hours	.73
42. Information regarding diet	.72
43. Length of wait for x-ray	.72
44. Time your physician spent with you	.72
45. Quality of food	.70
46. Temperature of room	.67
47. Noise level in and around room	.67
48. Cafeteria/coffee shop rating	.63
49. Temperature of food	.62

"Patient satisfaction is emerging as a meaningful and cost-effective quality indicator," says Irwin Press, PhD, a co-director of the firm. "In many hospitals, we note that the initial solution to a general satisfaction problem is to focus on physical plant, food and decor. Our results show that such amenities are not that important to patients. Patients want kind and caring staff members who recognize that sickness and hospitalization are disruptive to their lives, families, roles and self-image - not merely to their bodies."

Ganey argues that patient perceptions of care are a valid indicator of quality. He calls claims that patients are not qualified to judge the quality of care a red herring. He says studies indicate that patient evaluations of actual care closely approximate medical staff evaluations of care quality.



Fleet Week 1992

Schedule of events

Tuesday, Sept. 29

8 a.m.

Host-A-Sailor telephone lines open. The Host-A-Sailor program allows members of the local community to invite the men and women of the 1992 Fleet Week Battlegroup to their homes for dinner, treat them to a movie or a baseball game, or give them a tour of the Bay Area ... to mention only a few. Sailors will select Host-A-Sailor invitations from the Fleet Week Information Booth located at Pier 39. The Host-A-Sailor telephone lines will be open to the public 8 a.m. - 8 p.m. through Tuesday, Oct. 13. The Host-A-Sailor hotline number is (415) 395-5027.

Thursday, Oct. 8

3-11 p.m.

"Midway of Fun" Carnival opens to the public on Pier 30/32. Will also be open 11 a.m. to 11 p.m. through Monday. The carnival will include approximately 20 popular rides, two food concessions and 25 game concessions.

Friday, Oct. 9

11 a.m.-3:30 p.m.

Youth Excellence Day: This event takes place at Aquatic Park and celebrates excellence in education with 5,000 students from Bay Area school districts (by invitation only). The students will be provided a first-hand view of the best in Naval Aviation as well as motivational messages and performances from entertainers who carry the message of excellence. The students will also compete in a contest designed to stimulate their awareness and challenge their educational skills. Contest winners will be recognized at the event and presented with a Fleet Week medal. Students will also experience the Blue Angels and parachute jumpers practice air show over the Bay.

5:30-9 p.m.

Association of Naval Aviation Reception for the Blue Angels to be held at the Oakland Airport Hilton.

Saturday, Oct. 10

9 a.m.

Fleet Week Information and Host-A-Sailor Booth at Pier 39 and Information Booth at Pier 30/32 open.

9 a.m.- 9 p.m.

Fleet Week 5K/10K Treasure Island View the Bay Run Registration: Takes place all day Saturday at Pier 39.

10:30- 11:45 a.m.

Arrival Festivities begin with the Parade of Ships. This year's parade of ships will include an aircraft carrier, two submarines, two frigates, one destroyer, an amphibious assault ship, a salvage ship, two Coast Guard cutters and naval vessels from Japan and Korea.

11 a.m.- 11 p.m.

"Midway of Fun" Carnival open to the public on Pier 30/32.

11:30 a.m. - 2 p.m.

Air Show: A six-man parachute jump team, a Coast Guard fly-by, three aerobatic units, and the Blue Angels will all perform. Centerline is San Francisco's Municipal Pier but the show will take place over the Bay between the Golden Gate Bridge and Treasure Island.

Noon - 5 p.m.

Navy Divers Demonstration and Seabees at Pier 39.

3-5 p.m.

River Patrol Boat rides: Special Boat Unit 11 will provide boat rides at Pier 39 free to the public this day and on Sunday 10 a.m. - 5 p.m.

4 p.m.

Sailors are available for Host-A-Sailor commitments.

7 p.m.

Fleet Week Navy Ball at San Francisco Hilton on

Hilton Square. The Ball will accommodate 1,000 people. Cost will be \$60 person.

Sunday, Oct. 11

8:30 a.m.

Fleet Week 5K/10K Treasure Island View the Bay Run. Limited to 5,000 runners, the course will encompass Treasure Island and Yerba Buena Island. Free parking available on the island. Registration is \$12, \$15 on race day. Registration forms are available at Shirtique Shops throughout the Bay Area.

9 - 11 a.m.

Champagne Brunch: Honors all sea and air reserves, and hosted by Oakland Navy League at the Officer's Club, NAS Alameda.

10 a.m.

Shipboard Church Services: Protestant and Catholic services will be open to the public on selected ships. Those attending services will also be allowed to tour the host ship prior to visits by the general public. For more information, call (415) 395-5030 after Sept. 29.

10 a.m. - 5 p.m.

River Patrol Boat Rides: Special Boat Unit 11 will be providing boat rides at Pier 39 free to the public.

10:30 a.m.- 4:30 p.m.

Day in the park is a big party/picnic in which the food and beverage will be provided free to sailors and the public is also invited to attend. There will be softball game challenges, Navy challenge games, a barbecue, a concert and more. Takes place at Marx Meadow at Golden Gate Park.

11 a.m. - 3 p.m.

Ships open for public visiting: Fleet Week ships moored along the waterfront in San Francisco will be open for tours today and Monday through Wednesday 11:00 a.m. - 3 p.m. The ships open to the public will be moored at Piers 35, 45, and 30/32. The aircraft carrier USS Abraham Lincoln will be open for public visiting at Naval Air Station Alameda from 11 a.m. - 3 p.m.

11 a.m. - 11 p.m.

"Midway of Fun" Carnival open to the public on Pier 30/32.

Monday, Oct. 12

10 a.m. - 3 p.m.

Ships open for public visiting: Fleet Week ships moored along the waterfront in San Francisco will be open for tours. The ships open to the public will be moored at Piers 35, 45, and 30/32. The aircraft carrier USS Abraham Lincoln will be open for public visiting at Naval Air Station Alameda from 10 a.m. - 3 p.m.

11 a.m. - 11 p.m.

"Midway of Fun" Carnival open to the public at Pier 30/32.

Tuesday, Oct. 13

11 a.m. - 3 p.m.

Ships open for public visiting: Only the Fleet Week ships moored along the waterfront in San Francisco will be open for tours. The ships open to the public will be moored at Piers 35, 45, and 30/32.

8 p.m.

Host-A-Sailor phone lines close.

Wednesday, Oct. 14

10 a.m. - 3 p.m.

Ships open for public visiting: Only the Fleet Week ships moored along the waterfront in San Francisco will be open for tours. The ships open to the public will be moored at Piers 35, 45, and 30/32.

9 p.m.

Fleet Week Information Booths close.

Thursday, Oct. 15

9 a.m.

Fleet Week Battlegroup ships depart.

Civilian Personnel vacancy listing as of Sept. 2

This is the list of current and open continuous vacancies which is serviced by Civilian Personnel Department at Naval Hospital Oakland (NHO). Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled, certain Vietnam Era and disabled veterans, may apply for these announcements.

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or Autovon 828-6372, Monday through Friday, 8 a.m.- 4 p.m., or visiting the Civilian Personnel Office.

Position	Location	Closing Date
Physical Science Technician GS-1311-4/5/6	Navy Drug Screening Lab	OC
Medical Technologist GS-644-7/9	Laboratory Department	OC
Medical Technologist GS-644-7/9	Navy Drug Screening Lab	OC
Industrial Hygienist GS-690-7/9/11	Various Locations	OC
Chemist GS-1320-7/9	Navy Drug Screening Lab	OC
Vocational Nurse GS-620-05	Nursing Services	OC
Physicians Assistant GS-603-11	Internal Medicine Dept	OUF
Supvy Community Health Nurse GS-610-11	Occ Health/ Preventive Medicine	OUF
Secretary (Typing) GS-318-4/5	Various Locations	OUF
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Clerk Typist GS-322-3/4	Navy Drug Screening Lab	OC
Medical Clerk GS-679-3/4	Various Locations	OC
Clerk-Typist GS-322-3/4	Various Locations	OC
Medical Clerk(Typing) GS-670-3/4	Various Locations	OC
File Clerk GS-305-3/4	Various Locations	OC
Nurse Practitioner GS-610-11(P/T or F/T)	Branch Clinic, Mare Island	OUF
Medical Officer (OccupMed) GS-602-13	Various Locations	OC
Medical Officer (GenMed) GS-602-13	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC
Health Technican GS-640-4/5	Various Locations	OC
Community Health Nurse GS-610-11	Social Work Department	OUF
Supvy Industrial Hygienist GS-690-12	OAB/NSC, Oakland,BMC	OUF
Supvy Clinical Nurse GS-610-12	Inpatient Nursing	OUF
Clinical Nurse GS-610-09	Peds Clinic/Ambulatory Care	OUF
Clinical Nurse GS-610-7/9	Various Locations	OUF
Nurse Specialist GS-610-11	Ambulatory Nursing (Invasive/Diagnostic Procedure)	OUF
Occupational Health Nurse GS-610-11	Branch Clinic, Moffett Field	OUF
Supvy Budget Analysis GS-560-11	Fiscal Department	OUF
Endoscopy Nurse Specialist GS-610-11	Ambulatory Care	OUF
Perioperative Nurse Specialist GS-610-11	Ambulatory Care	OUF

Note* OC= Open Continuously
OUF=Open until filled



The Red Rover

The Navy's first commissioned hospital ship

Vol. 4 No. 14

Naval Hospital Oakland, California

October 9, 1992

"For Those Who Care" Honoree

Story and photos
by LaRell Lee

Millie Turner, an American Cancer Society volunteer at NAVHOSP Oakland, will be honored in the television special "For Those Who Care." The special honors Bay Area residents who unselfishly volunteer their time to help others. The program will air

them about what services offered here at Oak Knoll can help them." She mentioned that the American Cancer Society, Easter Seals and the American Lung Association all provide free programs for patients.

Smoking was the cause of Turner's throat cancer, as it is in over 95 percent of laryngectomees (patients who have undergone a laryngectomy). "I smoked for over thirty-five years," said Turner.

After a laryngectomy, with their voice box removed, laryngectomees must learn a new way of speaking called esophageal speech. While using esophageal speech, the tongue is used to push air into the esophagus—the opposite of what normally takes place. This causes the walls of the esophagus to vibrate which makes the sounds. This process is what takes place when we burp. Imagining having to burp in order to speak! This is a skill that can take months to learn.

Turner frequently visits schools in Alameda County, lecturing students in grades 5th through 12th about the health hazards of smoking. "The kids ask a lot of questions," she said. "I teach them about why they shouldn't smoke; they can look at me and see why they shouldn't." Millie says that if someone would've spoken to her years ago like she speaks to children she would've stopped. "I am not stupid!", she exclaimed.

Thinking back to when her surgery was done here, she remem-



Millie Turner is being videotaped by a KRON TV cameraman as she discusses cancer surgery's finer points with CAPT Clarence Gordon Strom, MC, USN. CAPT Strom is the otolaryngologist (ENT) who was in charge of Turner's laryngectomy 12 years ago. (Official U.S. Navy photo)

"My most memorable experiences have been brightening patients days by telling them that there is life after a laryngectomy," said Turner.

bers one person in particular who gave her inspiration. That person was Mrs. Hall, a volunteer. "She is who encouraged me to become a volunteer and help people," said Turner. Realizing how important preoperative counseling and post-operative visits are to patients Turner trained with a licensed speech therapist for one year, received her authorization to be a

"qualified alaryngeal speech Instructor" and started a program at Oak Knoll. During the preoperative visits she offers encouragement, letting the patient know that she "has been there" and showing them how they might speak again using esophageal speech.

"My most memorable experiences have been brightening patients days by telling them that

there is life after a laryngectomy," said Turner.

According to Sue Keblusek, NAVHOSP Oakland speech-language pathologist, patients often report that they feel "at ease" after speaking with Millie. Following surgery, Millie visits the patients several times and instructs them in how to care for their new way of breathing.

Millie is often called upon to visit patients with only one day's notice; she never fails to be there when needed.

NAVHOSP Oakland congratulates Millie Turner for her devotion to cancer patients and their restoration.



Millie Turner

on Channel 4 (KRON) in December.

Since 1981, one year after undergoing a total laryngectomy (the surgical removal of all or part of the larynx) Turner has provided hours of support and service to patients facing the same surgery here.

"I enjoy boosting their morale," she said. "I let them know that it's not the end of the road. I also tell

Navy's hospital's scores remain high

By Jay Brown

WASHINGTON (NES)...Care at Navy hospitals continues to rate high compared to civilian and other military branches' hospitals. This assessment comes from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the nation's premier health care accrediting agency.

"The results from the 1991 survey show clearly that Navy medicine is doing a great job," said CAPT Joseph Miller, Director of the Quality Assurance Division for the Bureau of Medicine and Surgery.

The JCAHO reviews a variety of areas of medical care such as surgeries, diagnoses, testing and follow-up patient care.

"This is all done by review-

ing the facility's quality mechanisms," said Miller. Quality mechanisms include departmental meetings' minutes where the success or failure in treating patients is discussed by the medical staff. Information from these minutes is translated into quality indicators (a sort of point system used in grading care). The JCAHO also uses medical staff monitors who look at how blood and medications have been administered. Timeless and pertinence of medical record keeping and the quality of care in surgical cases are also of interest to the agency. The hospital plant's technological condition—equipment for controlling environmental conditions like air exchange and other bacterial control mechanisms—is assessed in both clinical and non-clinical departments. Every

detail in the administration of health care is of interest to the JCAHO as the ultimate patient advocate agency.

Based on a maximum possible score of 100, Navy hospitals scored an average of 85. Their civilian and military counterparts scored averages of 80.3 and 85.7 respectively.

Accreditation is vital because without it, hospitals lose their Medicare funding and cannot operate approved training programs. Hospitals also encounter negative publicity when they lose accreditation.

When asked how Navy hospitals' scores have remained so high over the past several years, Miller replied, "We pay unremitting attention to heightening our people's awareness of the importance of accreditation. The bottom line, however, is

that we have tremendous people doing tremendous work."

Although scores are high, Miller indicated there remains much work to be done. "Access to our quality care is the foremost challenge at our hospital's," he said. "That's one area we're working hard to improve. Our goal is continuous quality improvement. We utilize the JCAHO scores to measure how we're progressing toward that goal. The fact that Navy hospitals have done so well on their inspections over the years is an unbiased indicator that we're providing quality care to our beneficiaries."

Similar results came from the Civilian External Peer Review Program, an association of independent civilian examiners whose work is mandated by Congress. The Maryland Hos-

pital Association and Navy inspectors also rank Navy hospitals very high.

"Although we are not weak in any of the areas measured by the peer review agencies, we will emphasize making the good points even better," said Miller. "I believe we can do it."

Brown serves on the PAO staff at the Bureau of Medicine and Surgery

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Navy-Marine Corps Relief Society

College loans still available for current academic year

The Navy-Marine Corps Relief Society still has Interest-Free Parent Loan funds available to award to eligible dependents of active duty sailors and Marines, but to take advantage of this tremendous opportunity, you must act now! All applications under this program **MUST BE POSTMARKED NO LATER THAN 15 NOVEMBER 1992!**

Students who wish to apply for the Interest-Free Loan Program must meet the following

eligibility requirements:

1. Be the dependent son or daughter of an active duty member of the U. S. Navy or Marine Corps and possess a valid dependent's Uniform Services Identification and Privilege Card.
2. Be enrolled full-time or accepted for full-time enrollment at a post-secondary undergraduate or technical/vocational institution accredited by the U. S. Department of Education.

3. Have a cumulative Grade Point Average (GPA) of 2.0 or better, as measured on a 4.0 scale.

For more information on this and other educational loan programs, visit your nearest Navy-Marine Corps Relief office or write to Navy-Marine Corps Relief Society, Education Programs 801 North Randolph Street, Arlington, Virginia 22203-1978, or telephone commercial (703) 696-4904; or autovon: 226-4904.

States gain, lose congressional seats

The 1990 U.S. census figures mean eight states gain seats in the House of Representatives, while 13 states lose seats. When the 103rd U.S. Congress meets in January 1993, the census will create a shift of 19 seats.

The entire House of Representatives faces voters on Nov. 3 as part of the country's general election. Also up for election are the offices of U.S. presidents, 35 U.S. senators and thousands of state and local officials.

States that gain House representation because of a population increase include California, seven seats; Florida, four; and Texas, three. Arizona, Georgia, North Carolina, Virginia and Washington gain one each.

New York loses three seats in the House. Illinois, Michigan, Ohio and Pennsylvania lose two seats each. Eight states lose one seat each: Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Montana, New Jersey and West Virginia.

For more information on federal and state elections, contact unit voting offices, service voting assistance officers or the DoD Voting Information Center. The center operates a 24-hour-a-day hotline, which provides information on elections and recorded messages from individuals running for office.

In addition, callers can leave messages for specific candidates. The hotline telephone number is DSN 223-6500 or 1-703-693-6500. The address for the Voting Information Center is: Federal Voting Assistance Program, Pentagon, Room 1B457, Washington, DC 20301-1155.

NAVHOSP Oakland's voting assistance officer is LT Terry Priboth, at 633-5820/5824.

U.S. House of Representatives Breakdown by State

Alabama	7
Alaska	1
Arizona	6
Arkansas	4
California	52
Colorado	6
Connecticut	6
Delaware	1
Florida	23
Georgia	11
Hawaii	2
Idaho	2
Illinois	20
Indiana	10
Iowa	5
Kansas	4
Kentucky	6
Louisiana	7
Maine	2
Maryland	8
Massachusetts	10
Michigan	16
Minnesota	8
Mississippi	5
Missouri	9
Montana	1
Nebraska	3
Nevada	2
New Hampshire	2
New Jersey	13
New Mexico	3
New York	31
North Carolina	12
North Dakota	1
Ohio	19
Oklahoma	6
Oregon	5
Pennsylvania	21
Rhode Island	2
South Carolina	6
South Dakota	1
Tennessee	9
Texas	30
Utah	3
Vermont	1
Virginia	11
Washington	9
West Virginia	3
Wisconsin	9
Wyoming	1

USO scholarship program

SAN FRANCISCO, CA — The Budweiser/USO Scholarship Program for 1993-94 is now accepting applications. The applications are available at USO locations or can be secured by calling (415) 391-1657. The requirements are as follows:

- * Eligibility - Families of active-duty military (children and spouses only. They must have graduated from high school within the last four years (cut off date is 1989).
- * Application must be postmarked not later than March 1, 1993. Late or incomplete applications will not be consid-

ered.

- * The following is required - Appropriate signatures, verifications and recommendations as well as transcripts.
- * Winners' selection is based on the following items: Scholastic achievement; a portion must go to family members of enlisted personnel; another to families of military serving overseas.
- * Scores from only one testing will be accepted, not the best of multiple testings.
- * U.S. Coast Guards members serving in Alaska and Hawaii are considered overseas.

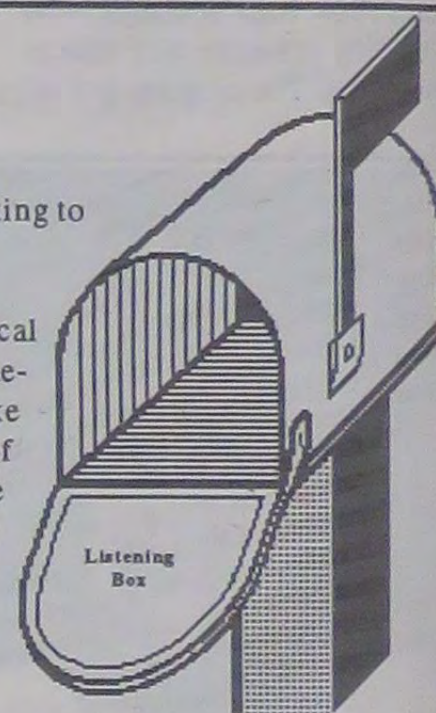
Listening Box

To all staff and patients,

I have received numerous inquiries via the Listening Box relating to our elevators.

Elevators are frustrating to everyone! After years of mechanical problems, the elevators are being replaced. The process is somewhat slow, because we must continue to use some elevators to take meals, linen and supplies to the wards while others are out of service. Although this creates delays, we must complete the process to improve elevator service. We ask your forbearance and encourage those of you who can to take the stairs whenever possible.

W. A. Buckendorf
Rear Admiral, Medical Corps
United States Navy
Commanding Officer



NAVHOSP Oakland sponsors Health Fair

NAVHOSP Oakland's Wellness Council will sponsor a Health Fair Friday Oct. 30, from 11 a.m. to 3 p.m. The fair will be located in front of the hospital. More than 25 wellness issues pertinent to all age groups will be addressed, such as: weight reduction, hypertension, cholesterol screening, exercise, and child daycare.

Don't worry be healthy, and participate in the 1992 Naval Hospital Oakland Health Fair. For more information contact HM2 Angelo Boholst at (510) 636-8857/8851.

Patient Appointment System

To schedule and cancel all clinic appointments, call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

Red Rover

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Columbus Day



500th Anniversary

Oct. 12, 1992

Occupational Health/Preventive Medicine: What is it?

By LT Jeffery L. Young, MSC, USNR

Occupational Health and Preventive Medicine are two specialties of Navy Medicine that are not always understood. Ask 10 people what it encompasses and you may get 10 different answers.

Here at NAVHOSP Oakland, it is headed by CAPT John Rowe, director for Community and Occupational Health, and CDR Lawrence Betts, assistant director for Occupational Health/Preventive Medicine. The Occupational Health Department is an umbrella for such disciplines as Occupational Medicine, Occupational Health, Industrial Hygiene, Hearing Conservation and Radiation Health—all of which are commonly concerned with long term exposure to toxic chemicals, physical hazards such as noise, cold and radiation and biological hazards such as blood or other potentially infectious materials.

Occupational Medicine

Occupational Medicine is spearheaded by CDR Betts. He is a toxicologist, as well as an Occupational Medicine physician. He oversees issues as diverse as prevention of occupational illness/injury to chemical contamination and provision of occupational health

services in the clinical areas.

Sandi Costick, supervisory nurse specialist, is responsible for providing technical support to the Branch Medical Clinic Occupational Health nurses. Occupational Health programs include Sight, Hearing, Radiation, Asbestos, etc. as required by regulation and instructions. These programs are designed to detect early indicators of excessive exposure in the worksite prior to decreased performance or disease symptoms.

Occupational Health

The Occupational Health nurse at NAVHOSP Oakland is Jeanine Clarke, certified occupational health nurse (COHN). She and her staff insure all personnel are provided with required medical surveillance. Selection of personnel for medical surveillance is based primarily on hazards identified during Industrial Hygiene surveys. This surveillance is performed at NAVHOSP Oakland by Colleen Walsh, industrial hygienist.

NAVHOSP Oakland's implementation of OSHA Bloodborne Pathogens Standard falls under the Occupational Health/Preventive Medicine Department. As the command's Bloodborne Pathogens Program manager, Dianne Kubancik focuses on satisfying the requirements that protect personnel from bloodborne diseases such as hepatitis B or AIDS.

Hearing Conservation

Personnel identified by the industrial hygienist as working in noise hazardous areas are enrolled

in the Hearing Conservation Program. In my capacity as audiologist, I head this program — training technicians to implement the program, present lectures for forces afloat and at squadron safety standdowns at area commands.

Radiation Health

The head of Radiation Health is LCDR Greg Gorsuch. He and his staff protect personnel from excessive levels of radiation by providing health and medical physics support to NAVHOSP Oakland and line commands both ashore and afloat.

Preventive Medicine

Preventive Medicine is headed by LCDR Richard Burton, Preventive Medicine physician, who ensures that all personnel are protected from communicable diseases. Preventive Medicine personnel perform a variety of inspections, including checking the pool and ice machines for bacteria or other contaminants; galleys and snack bars for appropriate sanitary conditions as well as shipboard inspections — all of which contribute to a safer and healthier living environment. LCDR Burton's group is also involved in making

personnel aware of sexually transmitted diseases (STD's), the possible outcomes of unprotected sex, such as AIDS, syphilis, gonorrhea, hepatitis B and chlamydia and STD followup.

Infection Control

Infection Control is headed by LCDR Sue Chen. Infection Control folks help in times of outbreaks of infectious diseases, such as chickenpox or measles. If this occurs, they are an excellent source of information concerning these or other infectious diseases.

An exclusive interview with NAVHOSP Oakland's BULL ENSIGN

By JOSN Kyna McKimson

On August 26 at approximately 12:45 p.m., the Bull Mascot disappeared from Club Knoll while eating lunch with the Bull Ensign, ENS Greg Cadle. As he went to pay for his meal his wife (LTJG Lea Cadle, Food Services) said that a mysterious Medical Service Corps officer came up and took the "Bull" without explanation. Since then ENS Cadle has desperately tried to recover it, and had no luck, but it was finally returned to him after a desperate search, at the MSC luncheon on Sept. 30. I finally caught up with ENS Cadle who currently works at San Francisco Medical Command as the Healthcare Planner. The following is

other, and probably the most important, is that the Bull ENS must be responsible for the "Bull" and must carry and take full responsibility for it at all times. (The "Bull" is a ceramic bull with a dog tag around his neck that is inscribed with "The Bull.")

Q: What kind of responsibilities does the Bull ENS take on at NAVHOSP Oakland?

A: Administratively, they are to ensure that dues are collected from the MSC officer, ensures that due paying members receive a plaque upon departure from the command, responsible for giving the brief to newly reporting MSC officers, as well as giving flowers to MSC officers on special occasions (ie,

"Bull" was missing, does this concern you?

A: Yes, I was extremely concerned about him. As the Bull ENS, I am responsible for him but I also have a bigger responsibility to the MSC Mess.

Q: What steps did you take to recover the "Bull"?

A: First and foremost, I involved the "Scoop Ensign," which is the most junior MSC Ensign at the command, and ENS Danner was on the lookout for the mascot because people knew I was desperately searching for it. I received a few tips from him but to no avail the "Bull" was not recovered. I spoke with my legal counsel just for my own infor-

Keep your records straight

By Brenda Cude

Successful financial management usually requires a collection of various kinds of records. A good manager knows what records to keep, where to store them and for how long. If kept in an orderly manner, these records will be handy when you need them quickly. Having a definite records center is best—a place where you can keep file folders or large envelopes for banking documents such as account books, bank deposits, statements, canceled checks and information on bills that have been or need to be paid.

Other information that should be kept in a records center includes health and medical records, household inventory, income tax information, automobile records and insurance.

Some records should be kept permanently, others only temporarily. Records can be used to show legal proof of events and transactions as evidence if official records are lost or destroyed, or for protection in case others make a mistake in their records.

Some documents should be kept at home for ready reference, while others should be safely stored in a safe deposit box at your bank.

Permanent records to be kept in the bank safe deposit box include certificates of birth, marriage, adoption, divorce or death. Also include property records, government bonds

and other investment certificates and a list of life, health, accident, property and automobile insurance policies. List all insurance policies by policy number and insuring company.

Copies of wills, past income tax returns, automobile titles, payment receipts of major debts, military service records, trust papers, court decrees and citizenship records, passports and household and personal property inventories should also be kept in your bank safe deposit box.

Keep items such as canceled checks, bank books and life/health/accident/property/automobile insurance policies at home. Other items that can be kept at home include copies of personal property inventories, sales slips on major purchases, warranties on appliances and equipment, employment records, social security numbers, medical records and an extra copy of your will for ready reference. The original will should be kept with your attorney.

For your own information or for use in case of emergency, keep a list of your important records and their location. You might also want to include names and addresses of persons to contact or consult for special needs such as a banker, lawyer, accountant, insurance agent, doctor and employer. It's also a good idea to give a copy of this list to a close friend or relative.

(Editor's Note: Cude is a consumer economist with the University of Illinois, Urbana, Ill.)



Tracy Allen, VISA loan officer at Sea West Federal Credit Union chats with the "Bull". (Official U.S. Navy photo)

what ENS Cadle had to say about the notorious "Bull" and his mysterious abduction.

Q: What exactly is the Bull Ensign?

A: The Bull Ensign is considered the most senior Medical Service Corps (MSC) Ensign at the command and that person is responsible for a number of duties. First, they must always wear the BULL ENS collar device (i.e. Butter Bar), at all times while in the Khaki uniform. The

birth of a baby).

Q: When do you turn over the duty as Bull ENS? And who is it?

A: I am actually promoted to LTJG on October 16th, and I will turn over the "Bull" at the next MSC luncheon slated for Oct. 21. I will turn over the Bull ENS duties along with the "Bull" to ENS Bess Wright, Fiscal Department.

Q: There has been rumors the

mation on what steps I could take legally to either retrieve the mascot, or what steps I could take to get into arbitration with the person(s) who had the "Bull" in their possession.

Good luck to ENS Cadle as he turns over his duty as Bull Ensign and we wish the new Bull ENS, ENS Bess Wright, all the best of luck not only in her administrative duties but in the duty in taking care of the "Bull" (let's hope it doesn't disappear again).

Mission of mercy: The International Red Cross

By JO1(AW) Linda Willoughby

WASHINGTON (NES) What do LT Robert O. Goodman Jr., 52 American hostages and 700,000 starving Ethiopians have in common? They were all assisted by the International Committee of the Red Cross (ICRC) which is dedicated to alleviating human suffering.

While attacking Lebanese artillery positions Dec. 4, 1983, Goodman's A-6E bomber, off USS John F. Kennedy (CV-67), was shot down. He was held as a prisoner of war (POW) in a cell in Damascus, Syria. A representative from the ICRC brought him forms to use for messages to his family and 10 days later he received a package from his family.

When 52 Americans were held captive inside the U.S. Embassy in Tehran, Iran, the only person allowed to see the captives was a representative from ICRC.

Ethiopia, one of the ICRC's costliest operations, uses \$100 million dollars a year to feed 700,000 people victimized by both drought and armed conflict.

The ICRC also played a key role in assisting Operation Desert Storm POWs.

Despite its far-reaching mission,

the ICRC is just one of the three components of the Red Cross, the organization which encompasses each country's national Red Cross Society, the League of the Red Cross and the ICRC.

The ICRC's first order of business is to help wounded and sick soldiers, marooned sailors and POWs, whose conditions it endeavors to improve from their capture to release.

The Red Crescent Societies, as they are known in Moslem countries, and the League of the Red Cross are charged with the responsibility of coordinating relief efforts following natural disasters, as well as assisting war refugees. The national societies, which depend on financial support from the public, help in natural disasters, such as floods, earthquakes and volcanic eruptions.

During wartime these societies act as auxiliaries to the medical services of their countries' armed forces. In peacetime, they collect

blood, teach first aid and assist people with a variety of programs.

The ICRC protects victims of man-made disasters — war, civil war, politically induced disturbances — and is financed primarily by voluntary contributions from governments.

A lifeline to POWs and their families, the ICRC has its roots in the Geneva Conventions.

According to the booklet, Origin and Development of International Humanitarian Law by Francoise Bory, the Geneva convention is actually a combination of four different treaties and is the most widely ratified treaty in the world. These four conventions contain 429 articles, and although these articles have been widely ratified, they are not widely understood. Explaining them is one of ICRC's tasks. There are 166 countries who have signed the conventions giving the ICRC the right to intervene in armed conflicts.

The ICRC's first order of business is to help wounded and sick soldiers, marooned sailors and POWs, whose conditions it endeavors to improve from their capture to release. For this purpose, it sends delegates all over the world to visit places of internment and detention, and work where persons are held

captive. They inspect the captives' living quarters, treatment and food. They also approach the detaining power, when appropriate, to obtain necessary improvements.

They take action on behalf of civilian populations in enemy territory or in occupied areas. In the event of civil war within a country, the ICRC fulfills its function as a neutral mediator.

Searching for missing persons and exchanging family messages between people separated by armed conflict is another important function of the ICRC. The ICRC uses the Central Tracing Agency's main office in Geneva, Switzerland, which has accumulated 55 million cards in its files, representing 30 million individual cases over approximately 100 years. The ICRC is assisted in this service by the 147 national Red Cross and Red Crescent Societies worldwide.

The ICRC may also be called upon to provide relief for civilian populations starved by war. As it is very often the only organization which is permitted by both sides to cross the barbed wire fences, pass through blockades or move freely in occupied areas, the ICRC can bring food, medicine and clothing to those in need.

Although the ICRC supports all

of these functions, it is perhaps most well known for its assistance with POWs. "Under the Geneva conventions, the ICRC must be allowed to visit the camps and all the prisoners, register POWs and take family messages out," said Ann Stingle, international communication associate for the American Red Cross. "ICRC must be able to interview each prisoner without witness. This means no tape recorders, no guard, no one standing there taking notes, and they must be able to make repeat visits. If only one visit is allowed...it could mean prisoners are receiving retribution (for talking with ICRC). They must be able to make repeat visits to follow up and ensure their humane treatments."

Nearly every independent nation has established its own national Red Cross or Red Crescent Society to conduct health, welfare and safety programs. Although they operate independently, they all adhere to the basic principles of all Red Cross Societies — humanity, impartiality, neutrality, independence, voluntary service, unity and universality. Whether it's the American Red Cross, Moslem's Red Crescent Society, the League of the Red Cross or the ICRC, they are ready to assist in time of need.

CIVPERS moving to the Public Works Center San Francisco Bay Area

By A. Marechal-Workman

In line with the Department of Defense's effort at budget streamlining, Civilian Personnel (CIVPERS) is undergoing a series of changes. Beginning October, three staff members will move to NAVHOSP Oakland's building 131, the building that used to house Personnel Support Detachment (PSD). They are Nate Kimbrough, Roberta Moore and Irma Hawkins, and will be joined by Site Manager Barbara Moore in November.

During the first or second week in November, CIVPERS Officer Herb Lindemann will move to the Human Resources Office (HRO), at PWCSFB, as head of the Performance Management Division. Other staff members involved in Labor Relations and Employee Benefits

and Training will follow.

A third contingent — the staffers and the classification specialist — will move to the Naval Supply Center pending the arrival of their furniture at PWCSFB.

Under the reorganization, the Equal Employment Officer Division (EEO) will move to PWCSFB in mid November, continuing to manage EEO complaints and the Affirmative Action Program. According to Deputy EEO Weldon Miles, his office will represent five Bay Area commands: NAVHOSP Oakland, PWC, Naval Supply Center, Navy Facility Engineering Command San Bruno and Moffett Field Naval Air Station.

Dorothy Bowman, who will head operations at HRO, said in a recent executive summary status: "I am very pleased to be selected for the opportunity to serve as your human resource director. Everyone knows that we are going into an era

of doing more with less, but I feel confident that the excellent personnel being consolidated into the HRO have the ability, and even more important, the real desire to get the job done."

Meanwhile, site managers at various locations will continue to provide the point of contact for all HRO services that will be generated out of what is referred to as "the Hub." They will be the liaison to the HUB and assure civilian personnel requirements are met, according to Bowman.

"Please continue to contact your civilian personnel and EEO staffs through the same channels as you have in the past," she advised. "When we begin our move in November, you can continue to conduct business through the site offices and we will also provide information on new locations and telephone numbers for all the HRO staff."

Two of three funds show gains in Thrift Savings Plan

According to Federal Times, two of the funds increased in August: The F Fund, invested in bonds, went up for the fifth consecutive month, increasing one percent for the month. Designed to imitate, the Wells Fargo US Index Fund was up 1.02 percent.

The G Fund, invested in special U.S. treasuries, inched up 0.57 for the month, its lowest increase since February. The fund is projected to return slightly more than 7 percent for the year.

However, the third fund —

C Fund — dropped 2.02 percent, a move that goes along with the prevalent down trend of the stock market and is about the same as the Wells Fargo Equity Index Fund. For 1992, the fund has shown increases in four months and declines in five, reflecting the changing nature of the equity market.

To summarize, the returns for the past 12 months are: C Fund, 8.13 percent; F Fund, 13.5 percent; G Fund, 7.51 percent.

Navy releases details of new initiatives to counter sexual harassment

SAN FRANCISCO, CA — Acting Secretary of the Navy Sean O'Keefe directed his standing committee on women in the naval service to evaluate several new initiatives to combat sexual harassment. The secretary has asked that the committee make their recommendations to him no later than Sept. 30 on the following new measures to change the culture, environment and attitudes that have previously allowed sexual harassment to occur.

* Identifying opportunities to expand involvement of women in Fleet and Fleet Marine Forces' training exercises and joint training exercises.

* Developing a department-wide reporting and tracking system with an integrated data base to track formal sexual harassment complaints and reported incidents of

sexual assaults and rape to provide the Navy with a comprehensive, accurate yardstick of its progress in eliminating these types of unacceptable behavior.

* Establishing a toll free advice/counseling telephone line to provide information and advice to all members involved in an incident of sexual harassment regarding their rights and responsibilities; to provide a viable alternative to facilitate informal resolution of sexual harassment complaints at the lowest appropriate level and to identify other resources available to the caller.

* Assessing the impact of personnel and force structure reductions on opportunities for women and development of a plan for ensuring women are not disproportionately affected as a result of draw-down decisions.

* Developing and conducting a culture and climate assessment survey of Navy and Marine Corps service members and civilian personnel to assess the effectiveness of sexual harassment training programs and to provide a baseline to evaluate changes in attitudes over time.

* Assessing the adequacy of training and education programs that specifically address core values, standards of conduct and appropriate behavior, prevention of sexual harassment and command/supervisor/leadership responsibilities in creating a positive command climate and promoting team work.

* Reviewing the status of recommendations contained in the 1990 Updated Report on the Progress of Women in the Navy and the 1988 Report on the Progress of Women in the Marine Corps.

* Assessing the impact of changing demographics of the U.S. labor force and the resultant recruiting pool on recruiting priorities, retention and personnel assignment and utilization policies.

As part of the lasting leadership commitment necessary to eradicate sexual harassment, the secretary of the Navy formed the Standing Committee on Military and Civilian Women in the Department of the Navy in July. The committee is charged with advising the Secretary of the Navy on ways to enhance the professional opportunities for women, and will seek to eliminate demeaning behavior and attitudes towards women by promoting mutual respect among men and women.

"We have a duty to the American public and an obligation to those who serve to create a climate conducive to effective integration of all members of the Navy and Ma-

rine Corps team," said O'Keefe.

The Department of the Navy is taking a systematic approach to deal effectively with sexual harassment and gender discrimination. These steps are consistent with the three-phase pattern for achieving cultural change identified by Representatives Aspin and Byron, and discussed in the subcommittee entitled "Women in the Military" report.

The standing committee will also develop a plan for reviewing the findings, conclusions and recommendations of the President's Commission on Women in the Armed Forces. The plan will address evaluating the Navy and Marine Corps plans of action and milestones to implement approved Commission recommendations as directed by the Secretary of Defense. Additionally, the Standing Committee will be responsible for overseeing implementation actions and assessing implementation results.

Former Korean War POW reflects on life in captivity

By Rudl Williams, American Forces Information Service

It's amazing what people will do to survive, said former Korean War prisoner of war Earl Dantzler, 66.

The key to survival in a Chinese army POW camp was eating everything their captors gave them, which wasn't much, and whatever they could find, said Dantzler. He spent 33 months as a prisoner.

Eighty-six men in his battalion, the all-black 503rd Field Artillery, were captured. The unit, an element of the 2nd Infantry Division, was commanded by white officers.

"Twenty-six men from my section were among them — only six of us made it back," Dantzler said.

When Dantzler's outfit was captured, he had been in Korea about three months. Retreating south from a Chinese army onslaught, his convoy was stopped by an enemy road block. The greatly outnumbered Americans were no match for the devastating mortar fire and vicious attacks made from both sides of the road.

The Americans broke into small groups to escape

south to the relative safety of the 3rd Infantry Division perimeter, but they never made it.

"It was utter confusion," Dantzler recalls. "I was with a group of about 20 people when we ran into an ambush. They killed 12 and captured eight of us."

Hundreds of prisoners died in his camp during his first nine months of captivity. "There were more than 3,000 prisoners at our first camp — Camp 4 — from many of the allies — France, Turkey, Great Britain, Canada, the Philippines, Puerto Rico and America," said Dantzler, who was drafted into the Army in 1944 before completing high school. "So many people died there that we started calling it 'Death Valley.' I was captured on Nov. 30, 1950, and by August 1951, there were only 1,632 people left alive.

"We buried as many as 79 people a day," he said. "They died from wounds, disease and malnutrition. We got so skinny many died from something the doctors called 'recurring fever.' Just about any little thing could cause death because we had so little food."

"Whatever we ate for breakfast is what we got all day — boiled corn or millet or something that looked like bird food," said Dantzler, who retired from the Army in 1968 as a master sergeant. "Everything was boiled with rock salt. We got a little bowlful two times a day." When pumpkins were in season, the POWs had them boiled twice a day, every day for three or four months. "Then they started feeding us soy beans — that was good for us — kept us in good shape," said Dantzler.

In early January 1951, the POWs were force-marched to Camp 5, arriving there near the end of that month.

By 1952, Dantzler said the ones still alive had become acclimated to the harsh conditions of POW life. "The only people who died after that was a guy struck by lightning and another guy who I heard hanged

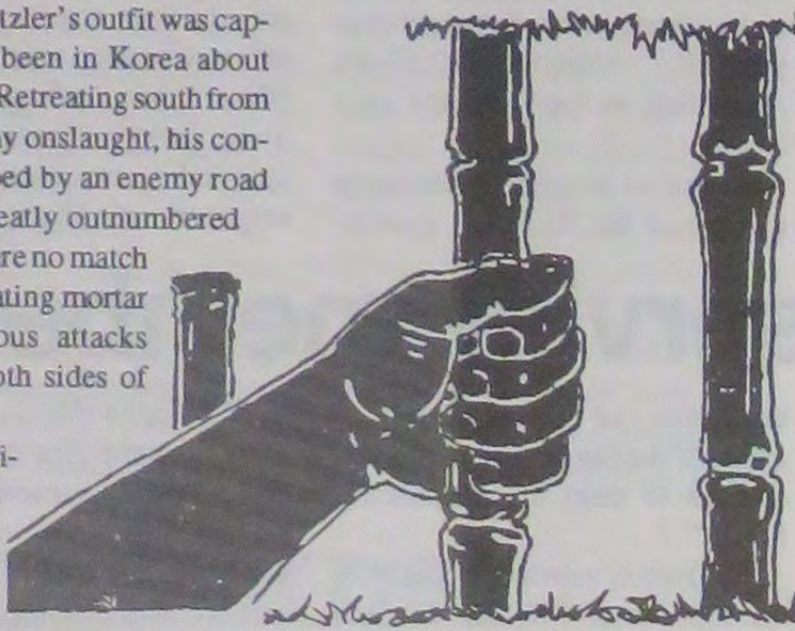
himself," he recalled.

Dantzler, who was 24 when he was captured, was considered one of the 'older guys.' Most who died were young soldiers, he said, because they couldn't deal with the hardships of prison camp. Older guys survived because they dealt with the situation better.

"They knew they had to eat whatever they were given — eat anything they could find," he said. "When we went out on wood detail, we'd eat grass, leaves, wild onions. I even dug kernels of corn out of horse manure, washed it off, boiled it and ate it."

Many of the young troops refused to eat such things, "so they died," Dantzler said sadly.

"I intended to survive!" he emphasized. Late in his captivity,



Dantzler told the camp commander, a Chinese colonel, "The only way I die here is if you kill me!"

He escaped death, but was not unscathed. Shrapnel hit his left thigh and lower leg when he was captured. "The wounds gave me the devil for a while," he said. "I also injured my knee that night, but don't remember how."

Captured American doctors were in the camp, but they didn't have medication or operating instruments. Chinese doctors treated Dantzler's knee injury with acupuncture. "They stuck needles in my knee, which got rid of the pain for a while," he said. "Time eventually healed my leg wounds."

Their captors told the prisoners every time they tried to get medi-

cine for them, the Americans bombed the trucks. "We performed amputations, pulled teeth and treated ourselves," Dantzler said. "There was nothing left of one guy's hand but skin and a little meat — we cut it off and packed the stump with mud. He lived. We had to hold them down because we didn't have any anesthesia."

The POWs treated their illnesses with tonic made from pine tree needles, tree sap and tar. They pooled their ration of one tablespoon of sugar a day to make a syrup for men suffering from jaundice.

The prisoners received a tablespoonful of wine on Chinese holidays. "We pooled that, too, so two or three people could get a little buzz," Dantzler laughed. "When beans were served, we lined up our bowls and counted beans to make sure everybody got a fair share."

It's amazing what you'll do to stay alive," said Dantzler. "We tried to keep our teeth clean, bathed in the river when it wasn't too cold. We didn't have bath or toilet facilities."

Dantzler didn't get his first bath until the summer of 1951. "Our soap was mud from the river bottom; we rubbed it on our bodies and washed it off — it cleaned you!"

Their toilet was an open hole outside, where winter temperatures often dropped to 25 degrees below zero. Chinese newspapers were their toilet paper. "It was so cold outside some guys wouldn't go outside. I think that made some of them sick, maybe caused their death," he said.

Punishment was worse than going to the toilet, he said. "You lived in your own toilet (there)," Dantzler explained. "They put you in a hole covered with logs. It wasn't big enough to lay down in. You had to do all your body functions in there — that's where you ate, too."

Their captors did give them warm clothes, padded Chinese army uniforms, during the winter of 1951. They were issued lightweight cotton clothes during the summer.

The most frightening part of

POW life was the interrogations. "They kept putting a pistol to my head threatening to kill me," Dantzler said. "The camp commander, a colonel, told me I was like an egg in his hand: He could crush me any time he wanted to."

Conditions started changing for the better in late 1952. The Chinese tried to get the POWs in shape for repatriation. They were allowed to play basketball, baseball, volleyball and run track. They even had a mini-Olympics between the prison camps. Dantzler represented his camp in the walking competition.

But communists used sports activities as a propaganda tool. It took more than a year for Dantzler to get a pair of shoes. The 6-foot-2 inch soldier wears a size 12D shoe, too big for those the enemy gave him.

"I played basketball barefooted on a dirt court," he said. "My feet got tough enough to do that as long as nobody stepped on them."

"I don't know how they did it, but the Chinese sent a picture to my home of me jumping with the basketball — they had painted shoes on my feet!" Dantzler exclaimed. "They finally made some for me with cowhide on the outside."

The prisoners made cards out of cardboard to play bridge, pinochle, blackjack and other games. "The Filipino prisoners were good at drawing and making things," Dantzler said. "They also made checkers and checker boards out of tobacco boxes."

Some of the prisoners formed a makeshift instrument band called the "Cats of Harmony," and selected Dantzler as band leader. They used makeshift drums, played music with a cellophane-covered comb — anything they could make sounds with.

"The Chinese took propaganda pictures of us and sent them around the world calling us the 'Interracial Cats,'" Dantzler laughed.

Church services were taboo, so POWs held them in secret, using a hidden Bible. "An old master sergeant, who died last year, gave me the Bible we used," said Dantzler. "I take it to reunions and use it for our memorial services."

"We didn't receive a Red Cross package — combs, razors, tooth brush, toothpaste, cigarettes — until about a week before we were repatriated," he said.

Some prisoners tried to escape, but none of them made it. "The Chinese'd catch them and bring them back tied up like a chicken or hog," he said. "I didn't try to escape. Imagine me trying to disguise myself to look like a Korean. Two Turks left and never returned. We heard they made it, but I don't know for sure."

Dantzler said every time they planned an escape attempt, the Chinese would come the night before and pick out people who were planning to escape. "We never figured out how they got their information," he said.

The enemy tried to turn the whites against the blacks, and sometimes it worked, but the old sergeants put a stop to it, Dantzler said. He explained that African-Americans, Hispanics, white and other ethnic groups, including those from several allied countries, were held captive together. The "old sergeants" stopped potential problems by pointing out that the Chinese were trying to put them against each other.

He often reflected on his life, before being captured — his family, girl friends, but he refused to allow those thoughts to depress him. When some of the men became depressed and worried about their loved ones back home, Dantzler told them: "The people back home are living well, taking a shower every day, eating three good meals a day. If anybody gets sick from worry, let it be them. You have to concentrate on making it here. They're doing well, you're doing bad!"

Thinking about all the money he saved during captivity helped Dantzler survive. "I didn't worry about the people back home, but I did spend a little counting my money in my head," he laughed.

"I used to tell some of the guys, this prison camp is my world and I

See Captivity page 8

NAVHOSP Oakland POW/MIA Recognition Day



NAVHOSP Oakland recently celebrated POW/MIA Recognition Day. Events that took place during the ceremony included musical selections by The Navy Band of San Francisco Naval Command, an Invocation by LT Anne Krekelberg, CHC, words of recognition by CAPT Noel Hyde, executive officer, and the Benediction by LCDR Peter Nissen.



From the Chaplain

"HUGH"

LT Anne Krekelberg, CHC

If you try phoning me any weekday evening between 7 & 8, you'll get my answering machine. You'll never get me. That's the time I have a standing date with Captain Jean-Luc Picard, commanding officer of the Starship Enterprise. I am a long-time fan of the old Kirk and Spock crew, but I am hopelessly hooked when it comes to "Star Trek: The Next Generation." For one hour



a day I can abandon myself to warp speed and cruise the galaxies of imagination. Ahhh...heaven.

Most episodes are thought-provoking. Capt. Picard is much more "cerebral" than Capt. Kirk ever was. Problems are solved not with seduction and brute force, but with ingenuity and a lot of "TQL." The plots make great fodder for the mind.

Several months back there was a new episode titled, "I, Borg." You see, the Borgs are a race of part human-part computer beings. Each individual is linked to one another through the central unit—what one knows, all know. Their goal in life is to "assimilate" knowledge, which is a polite way of saying they go around annihilating entire civilizations and ingesting every piece of information available. Once they even "assimilated" Capt. Picard.

But super heroes all, the crew valiantly rescued him from Borgian eternity.

In "I, Borg" the crew discovers a survivor of a Borg crash. Because the Borgs are bent on "assimilating" the entire universe, the Enterprise crew decides to send "it" (as they fondly refer to this Borg) back to his people programmed with a message which will eventually destroy all of Borg-land. Until...

...Until one by one, the crew begins to see this young Borg not as a part of a collective evil force, but as a living, breathing, feeling, thinking individual. The chief engineer, LCDR LaForge, even gives him a name—"Hugh." He is no longer an "it," but a "him." Hugh is a person.

The "I, Borg" episode was shown the same week as the Los Angeles riots in May. It was a stark, real reminder of how easy it is to categorize people into "us" and "them"...how easy it is to destroy a person, a culture, a race, a nation, when they are referred to as "it." There is no quicker way to divide a people than to label ourselves, "us" and the others, "them." We see this

Religious Services

Catholic Mass	Mon-Fri	Noon
	Sunday	8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

happening in Los Angeles, in Ireland, in Yugoslavia, in South Africa, in Cambodia, in Thailand...Shall I go on?

But according to God, who created both the "us's" and the "them's" in the first place, there is no room in this universe for such thinking. Here's what God says: "You shall love the Lord your God with all your heart...and soul...and mind...and you shall love your neighbor as yourself." (Matthew 22:37-39) According to God, there's only "we."

There's a wonderful message at the end of the "I, Borg" episode.

"Hugh" is sent back to his people not programmed for destruction and division, but programmed for unity. It is a message of hope.

We are approaching the season of hope: Yom Kippur (the day of atonement); of the harvest holidays of Thanksgiving and Sukkot; Hanukkah and Christmas. These holidays remind us that we, too, have a message of hope. It is in teaching our children and each other that there are no such words as "us" and "them." It is the hope that we can live in the kind of world which God intended—where each is the other's neighbor, even Hugh.

What ombudsmen mean to service members

By A. Marechal-Workman

A young sailor is transferred to Oak Knoll from his ship for emergency surgery. At midnight, his teenage wife arrives at the hospital, frantic with worry, with a toddler in tow. She comes from a slow-paced country town and has difficulty dealing with the Bay Area fast forward lifestyle. She has no place to stay, no car, and her 3-year-old girl will not stop crying. In short, she's at her wits' end and needs a helping hand. This fictitious scenario has a happy

ending when the Navy wife is given two phone numbers to call — a command ombudsman is about to make things a little bit easier for her.

Kathy Lautenschlager and HM2 Melody Jimenez are no figment of anyone's imagination. They are real flesh and blood, dedicated individuals — the two ombudsmen selected as liaison between the commanding officer and the command's families.

The wife of HM1 Kevin Lautenschlager, Kathy was born and raised in Fremont, Calif. She works for Hewlett Packard on the

Peninsula, and has two stepchildren (6-year-old Lauren and 9-year-old Spencer) and a 12-year-old son, David.

Through "ombudsman training [she's had] years ago," she has a pretty good idea of what to expect and "is looking forward to the challenge." In addition, she plans to use the problem-solving and communications skills she's acquired at Hewlett Packard to help command families.

"What I want the [service members'] families to know is that there's a support structure for them here," she said. "I want them to

know that our command is very aware of the families' needs and is anxious to meet those needs actively."

Melody is married to HM2 Oscar Jimenez of Oak Knoll's Dermatology Clinic. She is the leading petty officer of the hospital's Pediatric Clinic, and as such, is very aware of what's expected of an ombudsman. In the case of your lead metaphor, she said, "I'd have been able to set up the sailor's wife with child care, get her into a Navy Lodge in the area, and insure she made contact with her husband without delay."

If a real problem develops she wants to make sure "it is solved at the lowest possible level," she said. "I also want to let dependents know about the services that are available at the command, as well as the resources they have in the community."

The two ombudsmen were chosen from a pool of volunteers who had indicated a willingness to serve. They are ready and eager to make Oak Knoll a happy place for everyone. They can be reached through the Ombudsman Hotline at (510) 636-2983 and are looking forward to hearing from you.

Oak Knoll Viewpoint

What does your vote mean to you?

Andra Zamacona
Information Systems
Department

My vote is very important because it's how I make my voice



heard. If I have specific issues that particularly concern me, I will vote for the man or woman who supports these issues. I try to keep informed about the candidates and issues so that I can make good choices.

The right to vote wasn't always granted to women. Many women worked very hard and endured a great deal of abuse to win this right. Sometimes I get discouraged by what I feel are the lack of good choices. But I al-

ways vote. This right is too important to disregard. Besides, if I don't vote, I can't complain as loudly.



PN3 Wernher Heyres
Military Personnel

America is the undisputed superpower today. The leader of a new world order. In order to maintain it's present status, America should be strong militarily and economically. This is like a two sided coin. In order to assert it's power and to protect it's economic interest, America should have a solid



DT1 Thomas Calimlim
Dental

In our form of government where the administration of public affairs is regulated by the will of the people, or a majority of them, expressed through the ballot box, the importance of my vote can hardly be overemphasized. It is the most important tool that I have to fully express and assert my wishes for the type of government official I want and the policies I support.

and not a hollow military force ready to project it's strength anytime anywhere in the world. But she also needs a strong economic base to support this force.

Therefore future leader of this country needs to be a strong person who can play both games well. as a

member of the armed services, I support by vote a leader of this quality. We need to have a leader of the present as well as the future world.

Randy Ortega
American Red Cross,
Station Manager

In a representative democracy it is important that the government reflect the views of the majority while protecting the rights of the



minority. Voting is a direct, positive way to select your representatives and to tell them just what you want them to do.

Therese Segura
Orthopaedics

Our forefathers have given us a system of government under which we govern ourselves through representatives of our



own choosing. They have also given us the ideas upon which that system is based. It is a system which depends upon the people for its very life. It can be no better than we are willing to make it. No right is more precious to an American than his right to vote. The importance of my vote, gives me a say or a voice if you will, in the democracy of this country. If I don't vote I have no right to criticize this country.

Tobacco and Health

Passive smoking: risks and remedies

By CAPT David B. Moyer, MC



There has been much recent attention to the risks of passive smoking — also called environmental tobacco smoke, sidestream smoke, involuntary smoking or second-hand smoke. This exposure ranks third on the list of preventable causes of mortality in the United States, accounting for 53,000 deaths per year. This ranking comes after active smoking (434,000 deaths) and alcohol-related, including car accidents, (100,000), but way ahead of drug abuse (including heroin and cocaine) which accounts for 6,000 deaths. For every eight smokers who die from tobacco-induced disease, one nonsmoker does as well.

In addition, passive smoking seriously impairs the health of millions of non-smoking babies, children, spouses and co-workers.

The Environmental Protec-

tion Agency has recently labeled environmental tobacco smoke (ETS) a Class A, or known human carcinogen. The most damaging effects of ETS are on unborn children of mothers who smoke. Thirty percent of female smokers quit during pregnancy, but the rest do not. The latter deliver babies with much lower birth weights and increased mortality rates of 6,000 perinatal deaths per year.

The American Cancer Society has called smoking during

The American Cancer Society has called smoking during pregnancy the most common form of child abuse.

pregnancy the most common form of child abuse.

What are the effects of ETS for children living in households with smokers?

In this country, 10 million children under age five are exposed to ETS, and there are many adverse health consequences. Babies and children in homes with smokers have double the incidence of pneumonia, asthma, respiratory disease, ear infection and Sudden Infant Death Syndrome — to name a few. In addition, children who grow up with parents who smoke have twice the usual risk of lung cancer when they become adults. This is not surprising because the effect of both parents smoking is the

equivalent of the child smoking as many as 150 cigarettes per year.

Children exposed to ETS also have smaller rates of increase of lung function as the lung matures; overall lung growth is retarded by five to 10 percent. Therefore, for the sake of their children's health, parents who choose to smoke should never do so in the house and car.

Finally, there is the issue of ETS exposure in the workplace. The 1986 surgeon general's report on the health consequences of involuntary smoking states: "The simple separation of smok-

ers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to ETS."

Regulations protecting nonsmokers from exposure to smoke are becoming more and more stringent. For example, hospitals can no longer receive accreditation if they allow any indoor smoking; also, smoking has been banned on all domestic commercial airlines.

Living or working in an environment with smokers increases an adult's chances of developing heart disease or lung cancer by about 30 percent. Since heart disease is more common than lung cancer, most of the 53,000 excess deaths from ETS in nonsmokers are actually from coronary heart disease. The concentration of carbon monoxide, which is toxic to the heart, is 2.5 times greater in sidestream than in mainstream smoke.

Diet Corner

The many types of sugar in the diet



By LTJG Katherine M. Starr, R.D., MSC, USNR

There are many types of sugars in the diet. Sugars can occur naturally in foods, and be added to foods during processing. Sugars are provided naturally in fruits, vegetables, milk and grains. Meats are the only food group which does not contain any natural sugar. Sugars that

occur naturally in foods and that are added during processing are present in the diet in different forms. Your body converts all of these sugars to glucose or "blood sugar," which is the fuel needed by your brain to function properly. Since your body cannot differentiate between natural and added sources of sugar, one type of sugar is not better or worse than the other.

Many people tend to judge foods as either "good" or "bad" based on the sugar content. What is more appropriate is to consider the total nutritional value of a food, not just the sugar content. For example, an orange contains approximately 3 1/2 teaspoons of sugar, but it also provides significant amounts of vitamin C and fiber. Therefore, many foods containing sugar should be included in the diet because they also provide many vitamins, minerals and fiber. Problems such as overweightness and tooth de-

cay can develop when people eat excessive amounts of sugar. Overweightness develops when excessive calories are consumed from sugar and stored as fat.

Tooth decay is a complex disease caused in part by sugar. What's most important in the development of tooth decay is the form in which the sugar is consumed. For example, sticky sugar-containing foods, eaten as snacks rather than part of a meal, are more likely to contribute to tooth decay than those eaten at mealtime. These foods are more likely to stick to the teeth allowing decay to begin. Proper oral hygiene and regular check-ups can help to prevent development of tooth decay. When consumed in moderation, sugars are a desirable part of a healthy diet. Other than contribution to tooth decay and overweight, the amount of sugar typically consumed in the American diet has not been found to be hazardous to health.

Health Tips from Wellness Department

Eight ways to sleep through insomnia

Do you ever find yourself wide awake long after you go to bed at night? Well, you are not alone. An estimated 30 million Americans are bothered by insomnia.

They either have trouble falling asleep at night, wake up in the middle of the night, or wake up too early and can't get back to sleep. And when they're not asleep, insomniacs worry about whether or not they'll be able to go to sleep.

An occasional sleepless night is, well, nothing to lose sleep over. But if insomnia bothers you for three weeks or longer, it can be a real medical problem.

Many old-fashioned remedies for sleeplessness work, and work well. Next time you find yourself unable to sleep, try these time-tested cures.

- Avoid caffeine in all forms after lunchtime. Coffee, tea, chocolate, colas, and some other soft drinks containing this stimulant, as do certain over-the-counter and prescription drugs; check the labels for content. This is the last thing a wide awake insomniac needs.

- Don't take naps during the day, no matter how groggy you feel. Naps decrease the quality of nighttime

sleep.

- Take a nice, long, hot bath before bedtime. This soothes and unwinds tense muscles, leaving you relaxed enough to fall asleep.

- Read a book or do some repetitive, tedious activity like needlework. Try not to watch television or listen to the radio. These kinds of distractions may hold your attention and keep you awake.

- Make your bedroom as comfortable as possible. Create a quiet, dark atmosphere. Use clean, fresh sheets and pillows and keep the

room temperature comfortable.

you for sleep.

- Ban worry from the bedroom. Don't allow yourself to rehash the mistakes of the day as you toss and turn. You're off duty now. The idea is to associate your bed with sleep.

- Develop a regular bedtime routine. Locking or checking doors, brushing your teeth and reading before you turn in every night primes

- Count those sheep! Counting slowly is a soothing, hypnotic activity. By picturing repetitive, monotonous images, you may bed yourself to sleep.

In after three weeks, you still have trouble sleeping despite your efforts, see a doctor to rule out any medical or psychiatric problems that may be at fault.

Family Service Center Alameda offers a variety of programs

The Family Service Center (FSC) offers a variety of programs for military personnel, spouses and families from Career College Comeback to Choosing Child Care, to stress management to positive parenting workshops.

***Basic Budgeting** - Your pay and how you spend it is your responsibility. Learn basic budgeting concepts before you get into financial trouble. Learn how to stay within the limits of your budget. Do you know how to read you LES? What is your debt to income ration? Find the answers to these questions and more. Tuesday, October 13, 6:30-8:30 p.m. and Monday, October 19, 9-11 p.m.

***Losing Pounds Sensibly Support Group** - Come join a dedicated group of individuals trying to lose or maintain weight and get in shape. You are not alone. Speakers are featured on various topics. Join the winning team. Thursday, October 22, 6:30-8:30 p.m.

***Volunteer Computer Training** - Attention: Volunteers! The FSC introduces a series of new workshops designed for volunteers. People that are interested in volunteering are invited to attend. Volunteer training is for those who want to develop skills for re-entry into the work force, update your present skills or to do something valuable in your spare time. Computer training is offered on the Macintosh computer. Space is limited to six. Wednesday, October 14, 10 a.m.-2 p.m.

***Woman to Woman** - A unique opportunity for women to get together to learn and share for personal growth, empowerment, support, networking and discussion. Affected by stress, deployment, single parenting, separation, etc. Come with your ideas to our first meeting and bring a treat to share. Wednesday, October 14, 6:30-8 p.m. (Second Wednesday)

Stress Management - A one day workshop designed to help you recognize your own stressors and to develop a plan for coping more effectively with them. Stress, good and bad, is a part of everyday life. Come and learn to manage rather than be managed by stress. Wednesday, October 21, 9 a.m.-4 p.m.

Note - (*) indicates new program offered through the Family Service Center. For more information or to register for workshops call (510) 263-3146. Registration is required for all workshops and seminars.

Fleet Week ships open for public visiting

American, Japanese and Portuguese ships visiting San Francisco during Fleet Week '92 will be open for public tours beginning Sunday, Oct. 11.

Seven U. S. Navy ships and Coast Guard cutters plus three Japanese vessels and a Portuguese training ship will be docked at San Francisco piers 30/32, 35, and 45.

Also open for public touring will be the USS Jeremiah O'Brien, a World War II Merchant Marine "Liberty" ship whose career continues today as a living museum. The vessel is docked at Fort Mason Center and will be open to the public 9 a.m. to 4 p.m. Sunday, and 9 a.m. to 3 p.m. weekdays. Admission is free for military personnel with identification.

The aircraft carrier Abraham Lincoln also will be open for public visiting Sunday and Monday. Lincoln will be berthed at Naval Air Station, Alameda.

Tour hours are 11 a.m. to 3 p.m. Sunday; 10 a.m. to 3 p.m. Monday through Wednesday. Visiting ships of the Fleet Week battle group will depart San Francisco Thursday.

Flagship of this year's battle group is the USS New Orleans, an amphibious assault ship, commissioned in 1968. During the ship's many years of service, it has served as the recovery ship for Apollo 14 astronauts when they returned to earth in 1971, and Skylab mission II

and III and Apollo-Soyuz astronauts in 1975. More recently, the ship supported operations in Desert Shield and Desert Storm.

The Japanese destroyers open for tours at Pier 30/32 are the JDS Shimayuki, commissioned in 1987, and JDS Shirayuki, commissioned in 1983. Both are highly versatile anti-submarine warfare warships with formidable array of weapons that include harpoon ship-to-ship missiles, sea sparrow ship-to-air missiles, and anti-submarine rocket thrown weapons. Also open for tours will be the Japanese training ship, JDS Katori (TV 3501), flag ship of the Japanese training squadron. Tour hours are the same as for the American ships.

The Portuguese training vessel, Sagres (A 520) also will be open to the public at Pier 45 during Fleet Week. Tours hours are 2 to 7 p.m. Friday, Oct. 9, and Sunday, Oct. 11 through Thursday, Oct. 15.

Although Korean fast frigates Chung Nam (FF 953) and Masan (FF 955) will be participating in the Parade of Ships, they will not be open to the public.

On Sunday prior to the beginning of ship tours, the public is invited to attend worship services at 10 a.m. aboard two vessels. Catholic services will be held on USS New Orleans at Pier 30/32 while Protestant services will be held on the Coast Guard cutter, USCGC Sherman at Pier 45.

Fleet Week ships open for public touring include

PIER	VISITING SHIPS
30/32	USS New Orleans (LPH 11) — Amphibious Assault
35E	USS George Philip (FFG 12) — Fast Frigate
35E	USS Wadsworth (FFG 9) — Fast Frigate
35W	USS Bolster (ARS 38) — Rescue/Salvage
45	USCGC Sherman (WHEC 720) — Coast Guard Cutter
45	USCGC Active (WMEC 618) — Coast Guard Cutter
Fort Mason	Jeremiah O'Brien — Liberty
30/32	JDS Katori (TY 3501) — Training
30/32	JDS Shimayuki (DD 133) — Destroyer
30/32	JDS Shirayuki (DD 123) — Destroyer
45	Sagres (A 250) — Training

Civilian Personnel vacancy listing as of Sept. 21

This is the list of current and open continuous vacancies which is serviced by Civilian Personnel Department at NAVHOSP Oakland. Applicants who are qualified federal employees with competitive status, qualified former federal employees with reinstatement eligibility, or qualified individuals eligible for special appointments, such as those authorized for the severely disabled, certain Vietnam Era and disabled veterans, may apply for these announcements.

This is a partial listing. Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling 633-6372 or Autovon 828-6372, Monday through Friday, 8 a.m.- 4 p.m., or visiting the Civilian Personnel Office.

Position	Location	Closing Date
Physical Science Technician, GS-1311-4/5/6	Navy Drug Screening Lab	OC
Medical Technologist GS-644-7/9	Laboratory Department	OC
Medical Technologist GS-644-7/9	Navy Drug Screening Lab	OC
Industrial Hygienist GS-690-7/9/11	Various Locations	OC
Chemist GS-1320-7/9	Navy Drug Screening Lab	OC
Health Technician GS-640-4/5	Various Locations	OC
Vocational Nurse GS-620-05	Dir. Nursing Services	OC
Physicians Assistant GS-603-11	Internal Medicine Dept	OUF
Supvy Community Health Nurse GS-610-11	Occ Health/ Preventive Medicine	OUF
Secretary (Typing) GS-318-4/5	Various Locations	OUF
Nurse Specialist GS-610-11	Ambulatory Care	OUF
Clerk Typist GS-322-3/4	Navy Drug Screening Lab	OC
Medical Clerk GS-679-3/4	Various Locations	OC
Clerk-Typist GS-322-3/4	Various Locations	OC
Medical Clerk (Typing) GS-670-3/4	Various Locations	OC
File Clerk GS-305-3/4	Various Locations	OC
Nurse Practitioner GS-610-11(P/T or F/T)	Branch Clinic, Mare Island	OUF
Medical Officer (OccupMed) GS-602-13	Various Locations	OC
Medical Officer (GenMed) GS-602-13	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC
Health Technican GS-640-4/5	Various Locations	OC
Community Health Nurse GS-610-11	Social Work Department	OUF
Supvy Industrial Hygienist GS-690-12	OAB/NSC, Oakland,BMC	OUF
Supvy Clinical Nurse GS-610-12	Inpatient Nursing	OUF
Clinical Nurse GS-610-09	Peds Clinic/Ambulatory Care	OUF

Newspaper Survey

The Red Rover exists for one purpose — to serve the staff and patients of NAVHOSP Oakland. In order for us to serve you better, we need to know how we're doing. Please take a few minutes to complete this survey and return it to us by either placing it in one of the listening boxes located in the hospital or by dropping it off at the Public Affairs office located at Bldg. 73C. The only thing we ask is that you be honest and thorough in completing this form.

Please check the box that best describes your feelings about these columns.

	*Poor	*Fair	Good	Excellent
Listening Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the Executive Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the Chaplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MWR News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHO Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanily Service Center Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you found a column that was either poor or fair, please tell us why. Suggestions for improvement?

Which articles or columns in The Red Rover do you find most helpful. Why?

Which articles or columns in The Red Rover do you find least helpful. Why?

I would like to see articles or columns about the following subjects in The Red Rover:

If you had the opportunity to change the name of the command newspaper, what would you change it to?

Other suggestions/comments:

Captivity.....Continued from page 5

have to survive," said Dantzler, who married his wife Roberta, on Dec. 12, 1953, about three months after his release. The couple has two children, daughter Earlette, 37, and Earl Jr., 36. Dantzler earned an associate's degree in business administration after retiring from the Army. About five years ago, he retired from the Veterans Affairs Hospital in Richmond, Va., where he was a drug rehabilitation coun-

selor. He still lives in Richmond. He was given 100 percent disability when he retired from the Army because of his wounds and bad treatment in the POW camp. "It was a hard 33 months in that camp, but I lived. I made it," Dantzler said. "The hardest thing was being in a burial detail for people I served with, trained with, fought with, lived with. I'd be depressed for a few days afterwards."



The Red Rover

The Navy's first commissioned hospital ship

Vol. 4 No. 15

Naval Hospital Oakland, California

October 30, 1992

Appointments access NAVCARE faster

WASHINGTON (BUMED)...The Navy's 10 NAVCARE clinics will begin taking appointments during fiscal year 1993's first quarter—between October 1 and December 31 1992—converting from the walk-in basis they've operated on in the past.

The NAVCARE or "Navy Cares" program is an ambulatory healthcare delivery system the Navy currently uses at 10 locations nationwide: Norfolk, Va. (2); San Diego (2); Jacksonville, Fla.; Camp Lejeune, N. C.; Charleston, S. C.; Camp Pendleton, Calif.; Long Beach, Calif.; and Oakland, Calif.

These NAVCARE clinics are free-standing medical clinics that provide a full range of wellness and family medicine services, acute and chronic care, prescription services, immunization, mammographies, laboratory, and radiology services.

The change is being made because patient surveys and response forms indicate that the walk-in philosophy previously used by the NAVCARE program has meant significant waiting times at the clinics during peak hours. Appointments

for routine, non-urgent problems will reduce waiting times for all patients, improving services at our NAVCARE clinics by reducing the time spent waiting for services at the clinics.

Patients using the NAVCARE clinics—all DEERS-eligible beneficiaries—should expect that anyone who arrives at a NAVCARE clinic with an urgent condition will be seen immediately. Although all patients are urged to call ahead to allow the clinic to plan for their arrival, no prior appointment will be required for urgent care.

NAVCARE clinics are open seven days a week, 365 days of the year. Services are provided from 7 a.m.-8 p.m. Monday through Friday and 7 a.m.-4 p.m. Saturday, Sunday and all holidays.

An additional benefit of the appointment system for the patient is the ability to request a particular physician, allowing a closer physician-patient relationship.

To help the new system work to the best benefit of all patients, those who can plan their needs in advance—immunizations, school



Oakland NAVCARE

physicals or routine checkups—should make appointments a few days in advance. This will allow the clinic to better accommodate those who take ill and need to see a doctor that day.

The Navy's goal is to provide

the highest access to quality care in the most economical fashion. Studies and patient comments show that changing NAVCAREs to the appointment system will further this goal. The change was looked into because of patient involvement in

bettering the system. Through continued communication and cooperation among Navy medicine's many customers, we will continue to improve upon our goal.

See page 4 for more information on NAVCARE.

Combined Federal Campaign begins

By JOI Kay Lorentz

The Combined Federal Campaign (CFC) got underway recently at NAVHOSP Oakland with a kickoff ceremony held in the clinical assembly. The theme for this year's campaign is "Be there!" As was emphasized by several of the guest speakers for the occasion, this year's goal is to increase individual participation in the fund drive.

Last year's CFC drive netted a 76 percent participation by command members. This year the goal is to exceed that by ten percent.

Some key items regarding this campaign were discussed by WTCS Val Stoffel, this year's CFC Loaned Executive. Senior Chief Stoffel explained one key point is to designate an agency to receive your contribution. This way you can ensure your money will benefit a cause you fully support. This year's CFC agency listing booklet has 4,322

deserving organizations available for selection. This booklet also has a provision for indicating which organizations have administrative and fund-raising expenses over 25 percent. Last year's overhead for the campaign was 9.2 percent. This year it has been reduced to seven percent. That means that 93 cents out of every dollar you donate will reach the agency you designate.

CFC coordinators are aware that there are three issues that may impact this year's participation in the campaign...the many recent natural disasters to which many people have already donated to victims, the controversies surrounding the United Way and the Boy Scouts of America, and our current economic climate.

In regards to the recent natural disasters, there's still a desperate need in those areas for additional support. As NAVHOSP Oakland's Commanding Officer RADM William A. Buckendorf, MC, USN said

Even if you can only afford one dollar, that dollar will be gratefully accepted.

during his remarks, "I'm sure you've read in the newspaper, the American Red Cross...the other agencies that have supported the hurricane victims...are really almost destitute at this point in time. If you will recall, one of the comments that was made in the papers was 'Don't send us food. Don't send us clothes—and this has to do with the hurricane in Florida—Don't send us anything but money. That's what we really need.' We need to get the effort off the ground in terms of those organizations which really have been taxed by the natural disasters that have taken place this year. So, I would ask that you would give consideration to this, because again, our people tend to benefit from this."

Two issues are exclusive to the United Way. The first issue is the apparent mismanagement of funds by top level officials. That issue has been dealt with by the investigation and firing of the head of the United Way and the restructuring of its management. In other words, the person that was mismanaging the funds is no longer there. The second issue involves the policy of excluding gays from becoming scoutmasters. For this year's campaign, the United Way has placed the Boy Scouts in a nonfunded

member status. This basically means that any money donated to the United Way will not be shared with the Boy Scouts. However the Boy Scouts are listed in the CFC agency listing, so if you want to give to them, just designate them and they will receive your contribution. There are over seven Boy Scout agencies in the CFC booklet, so if you want to give to them...give to them.

As mentioned earlier, this year's goal is to increase participation and not centered on a monetary limit. Coordinators understand that in these lean economic times, people often don't have a lot of money to contribute. However, even the most modest amount can make a difference in someone's life. For example:

\$2 a month can remove 100 lbs of trash from a beach, catalogue what kind of trash it is, and identify who put it there

\$8 a month can buy an emergency shelter for an earthquake victim

\$15 a month can make it possible for 5 pregnant teens to finish school

\$25 a month can give 30 homeless people food and shelter for a night.

As you can see from that brief summary, it doesn't take a huge donation to accomplish needed actions. Even if you can only afford one dollar, that dollar will be gratefully accepted.

Ms. Vickie Milton, director for the ALA-COSTA Center for the Developmentally Disabled, was a guest speaker for the recent kickoff ceremony. During her remarks, she emphasized the funding problems experienced by agencies like hers in these austere economic times. "These are very hardship financial times. We've received less money this year than we have received last year and the year before. Your donations come in and it helps us not only to maintain the kids, but helps us expand our services and improve the system...All of us out here who are recipients of donations say thank you for donating, because there aren't too many other sources this year."

In order for those in attendance to see that their donations often go

See Kickoff page 8

HOLIDAY BAZAAR

The Mare Island Officers Wives Club will present its second annual charity Holiday Bazaar on Saturday, Dec. 5 from 9 a.m. to 5 p.m. at the Mare Island Fieldhouse on Walnut Avenue.

The event is open to the public and will feature crafts, food,

raffles, activities for children and Santa Claus. Admission and holiday cheer are free.

If you need more information or would like to be a vendor, please call Jeanne Klinger at (707) 649-8405.

Hope to see you there!

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Oak Knoll Viewpoint

How are you prepared for the next earthquake?

PN3 Abel Magno Military Personnel

I store water in old two-liter bottles in the garage along with canned food, can opener, a pair of coveralls and boots for a quick change, and a pair of batteries sit in the refrigerator for the spare



radio.

One good idea is to have \$500 in cash. A lot of people will take advantage of hard times for money.

Last, but not forgotten, my trusty old shotgun to protect my family and food.

If the big one hits, it will be worse than any riot scene.



Nathaniel H. Kimball Civilian Personnel

I don't think we can totally prepare for an earthquake. However, I have taken some steps to make an attempt to be prepared to live through the first days. In my home we are storing water in plastic containers to help get through the initial disruptions. We're also preparing and storing food in large quantities for use in case of a severe food shortage. I live in a house that has an area below ground level that will hopefully provide adequate protection

from flying debris. I periodically take in the family settings for means of safe protection from heavy objects. I plan to reinforce this information by promoting the concept with my younger children.



HN Wendy Stallard Military Personnel

Considering I'm a native of California I'm not really prepared. I have canned food and bottled water in my garage. However, if I'm in my car and an earthquake happens, I'll probably be out of luck since I haven't bought an earthquake kit for my car yet.

Joan Silva Secretary, Command Education Department

We have stocked up on enough of the recommended supplies and emergency equipment (for ourselves and to help our neighbors) should we be involved in another quake. We have discussed and made plans should we be separated. There's



only my husband and myself in our home, both our mothers live in the area, and we have three grown children living in Hayward. We all know the "plan" should the big one hit.



LT Michael Higgins, NC Command Education Department

Since coming to the Bay Area about 2 years ago, I've maintained all the supplies I kept on hand in Okinawa for typhoons. (Water, dried and canned foods, clothing, radio, batteries, etc.) In addition, I've undergone training as an Emergency Medical Technician and Basic Life Support Instructor to enable me in assisting others in the community.

News from Branch Medical Clinic, NAS Moffett Field

At a recent "All Hands" quarters:

HMC Marilyn LaRose and HM1(SW) Mark Busam received their designation as Enlisted Aviation Warfare Specialists.

HM1(SW/AW) Mark Busam received a Navy Achievement Medal from Commander, Naval Air Force United States Pacific Fleet for his performance of duty as Medical Augment, Medical Department, Naval Antarctic Support Unit, Detachment Christchurch, New Zealand.

Good Conduct Award was presented to HMCS Randolph Griswold (fifth award).

HM3 Larry Nelson received a Letter of Commendation from Commanding Officer, Naval Hospital Oakland on his selection as Naval

"Sailor of the Month" for July and August.

HM3 Darren Farquhar received a Certificate of Commendation from Commander, Marine Corps Bases, Japan, Camp Smedley D. Butler, Okinawa, Japan.

HM3 Teresa Deckard received a Letter of Appreciation.

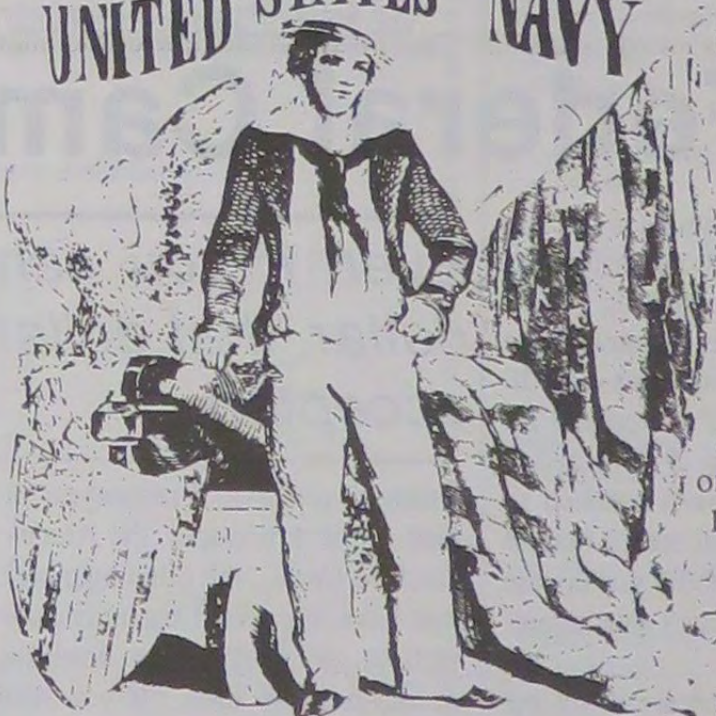
HM3 Lee Flanagan and HM3 John Bellomo received Letters of Appreciation from Commanding Officer, VP-31 for their contributions to a successful aircraft mishap drill.

Welcome aboard to HA Christina Prince, HA Curtis Vancil, HN Clifford Garvin, HN Michael Dykens, HM3 Darren Farquhar, HM3 Donna Proterfield, HM3 Richard Heintz, HM3 Louis Alfaro, HM3 Derek Sauer, HM2 Donald Panagalangan and HM1 Conrado Custodio.

HN Jonnalyn Capitulo and HM3 Larry Nelson received Letters of Commendation from Commander, Patrol Wings, U. S. Pacific Fleet on their selection as BMC Moffett Field

Farewell to HN Armis Garcia, HM3 Kari Hilliker, HM2 Mary Pilant, HM2 Shawn Kassner, HM2 Edward Velesquez, HM2 Arturo Cervantez-Gomez, LT John Hoelscher, and LT Brian Kerr.

UNITED STATES NAVY



Navy Birthday
1775 - 1992

Navy Birthday

As the Navy enters its 218th year of service to our Nation, two thoughts reign supreme: First, the dedication and tireless devotion of Navy people continues to be the heart blood of our power and success, and second, the Navy is in the midst of great change as we adapt to the post cold war challenge of the twenty first century. In my travels as the Fleet Commander, I am consistently impressed by our people and the great things you are doing. Our profession as mariners is demanding, stressful and dangerous, and the sacrifices we and our families make are numerous. Today nearly one-half of our ships are at sea, many on the front lines of potential conflict. When disaster strikes, Navy forces are among the first to respond. Ours is a proud heritage with new chapters constantly unfolding. Each of you can take great pride in your selfless contributions to world peace and our nation's security. Your hard work and silent sacrifices are recognized and appreciated by the American people and me. I salute you all and look forward to another great year. **Admiral R. J. Kelly sends.**

Red Rover

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Patient Appointment System

To schedule and cancel all clinic appointments, call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

Commanding Officer

Rear Admiral William A. Buckendorf

Executive Officer

Captain Noel A. Hyde

Public Affairs Officer

Mike Meines

Editor

JO2 Stephen Brown

Staff

Andree Marechal-Workman
LaRell Lee

Club Knoll's garden club is all business

By A. Marechal-Workman

When the Businessmen Garden Club of Oakland took over management of Club Knoll's Rose Garden under a mutually beneficial agreement, NAVHOSP Oakland's Morale Welfare and Recreation Department gained the services of a

care for many years, said that the garden club was started in 1929 by a group of businessmen "with a common interest in gardening." Explaining that his group has "added to the charm of Oakland's gardens, private and public, for many years," he listed the Oakland Municipal Rose Garden, the ornamental entrance to Mosswood Park, landscaping the post office grounds and the installation of the Howard Gilkey Memorial in Lakeside Park as some of the better known accomplishments of the club.

All the garden club members are retired businessmen whose hobby keeps them happy and fit. Several are in their 80's, like Al Castro in whose name the Club Knoll courtyard was dedicated, be-

cause, as Schlotter put it, "we believe in honoring people while they're alive, and we wanted to honor Al for his many years of selfless work for the community."

Castro, who is well known in East Bay horticultural circles, has maintained the Dahlia Garden for the City of San Leandro for over 20 years. For 24 years he's also worked at the San Leandro Root Garden run by his nephew.

"I used to take my father's lunch to Knowland Park where he was a gardener taking care of the eucalyptuses," said Castro, pointing out that this had more impact on his chosen hobby than the four years he spent

at the University of California, Davis, studying botany, landscaping and other agricultural disciplines. Another octogenarian, Rocky Stone, is in charge of compost—an endeavor that is much more important than the layman might think. Sporting a T-shirt that tells it all ("I garden...therefore I am"), he was making a "raised bed to keep critters away" at the time of the interview, and, like all the garden club members, was very vocal about the gratification he experiences from his involvement with horticultural activities.

"This is a pretty good representation of our membership," said Schlotter as his group posed for The Red Rover during lunch, after a very industrious work session, pruning, watering and fertilizing the Oak Knoll flora. "They don't all come here every Tuesday, but this is about average participation."

Astor or her personal representative will be invited to present the first prize.

3. Essays must be postmarked on or before Feb. 15 1993.

4. The name of the author shall not appear on the essay. Each author shall assign a motto in addition to a title to the essay. This motto shall appear (a) on the title page of the essay, with the title, in lieu of the author's name, and (b) by itself on the outside of an accompanying sealed envelope. This sealed envelope should contain a typed sheet giving the name, rank, branch of service, biographical sketch, social security number, and office and home phone numbers (if available) of the essayist, along with the title of the essay and the motto. The identity of the essayist will not be known by the contest judges until they have made their selections.

5. The awards will be made known and presented to the successful competitors during the graduation awards ceremonies at their respective schools, if appropriate, or at other official ceremonies. Mrs.



The Businessmen Garden Club of Oakland's members — (from left) Rocky Stone, Al Castro, Frank Schlotter, Bob Olafson (standing), Herb Bowen, Tony Avalos and Russell Stedinger — pose for The Red Rover during lunch.



Rocky Stone is hard at work sifting dirt that will be used to fill a raised bed he's building. Behind him is the compost pile he's accumulating for fertilizing plants.

superb all-volunteer landscaping staff while the club found a place for their weekly lunch meetings.

"I went to the [Morale Welfare & Recreation] officer, and proposed that we improve landscaping in [Club Knoll's] Courtyard in exchange for a weekly meeting place," said the garden club president, LTCOL Frank Schlotter, USA, (Ret.). "We worked out a contract that proved fruitful. There's good parking there and we have a place to meet in exchange for keeping the courtyard fit."

Schlotter, who retired from the U.S. Army in 1975 and has been coming to Oak Knoll for his health



Rocky Stone (left) and Russell Stedinger are cutting boards to make a frame for a raised bed. (Official U.S. Navy photos by Andree Marechal-Workman)

U. S. Naval Institute to sponsor leadership essay contest

In an effort to promote research and writing on the topic of leadership, the U. S. Naval Institute is sponsoring its 19th annual Vincent Astor Memorial Leadership Essay Contest for junior officers and officer trainees of the U. S. Navy, Marine Corps, and Coast Guard.

The Naval Institute will award cash prizes and medals to the authors of the winning essays on the topic of leadership in the U. S. Navy, Marine Corp or Coast Guard. Entries must be postmarked on or before February 15, 1993.

The first prize winner will receive \$1,500, a Naval Institute gold medal, and a life membership in the Naval Institute. The first honorable mention winner will receive \$1,000 and a silver medal. The Institute also will award \$500 and a bronze medal to each of two second honorable mention winners.

Essay Contest Rules

1. Essays must be original and may not exceed 4,000 words.

2. All entries should be directed to: Executive Director (VAMLEC), U.S. Naval Institute, 118 Maryland

Avenue, Annapolis, Md. 21402-5035.

3. Essays must be postmarked on or before Feb. 15 1993.

4. The name of the author shall not appear on the essay. Each author shall assign a motto in addition to a title to the essay. This motto shall appear (a) on the title page of the essay, with the title, in lieu of the author's name, and (b) by itself on the outside of an accompanying sealed envelope. This sealed envelope should contain a typed sheet giving the name, rank, branch of service, biographical sketch, social security number, and office and home phone numbers (if available) of the essayist, along with the title of the essay and the motto. The identity of the essayist will not be known by the contest judges until they have made their selections.

5. The awards will be made known and presented to the successful competitors during the graduation awards ceremonies at their respective schools, if appropriate, or at other official ceremonies. Mrs.

thinking on the topic of leadership. Essays should not be merely expositions or personal narratives.

The contest is open to:

1. Commissioned officers, regular and reserve, in the U. S. Navy, Marine Corps, and Coast Guard in pay grades O-1, O-2, and O-3 (ensign/2nd lieutenant; lieutenant (junior grade)/1st lieutenant; and; lieutenant/captain) at the time the essay is submitted.

2. U. S. Navy, Marine Corps, and Coast Guard officer trainees within one year of receiving their commis-

sions.

The U. S. Naval Institute, headquartered in Annapolis, MD, is a professional society for the sea services, and is an independent non-profit organization.

The Naval Institute advances knowledge about the naval and maritime services through the publication of a monthly magazine, Proceedings, the quarterly Naval History, and more than 400 books. The Naval Institute sponsors a series of seminars of interest to sea service professionals and enthusiasts.

See your history displayed

The Public Affairs Department welcomes the loan of interesting Navy historical artifacts (newspaper clips, scrapbooks, photographs, vintage uniforms, etc) for use in a display located in the lobby of NAVHOSP Oakland's main hospital. Anyone who owns such items and would like to see them displayed, please contact the hospital's community relations coordinator, Andree Marechal-Workman, at (510) 633-6683.

NAVCARE changing to appointment system

Oakland NAVCARE clinic's telephone number is 1 (800) 995-2225

You, are our valued patient and customer. As such, we are committed to providing you with the highest quality of patient care. Within the NAVCARE program this commitment for the highest quality of patient care remains. The following information is provided to explain some of the changes taking place with the NAVCARE program, and hopefully answer any questions you may have.

What is the NAVCARE Program?

The NAVCARE or "Navy Cares" program is an ambulatory healthcare delivery system the Navy currently uses at 10 sites nationwide. Our NAVCARE clinics are free-standing medical clinics which are outside of the Navy hospital. They provide a full range of wellness and family medicine services, acute and chronic care, prescription services, immunizations, mammographies, laboratory, and radiology services.

What is changing at the NAVCARE clinics?

Beginning in the first quarter of fiscal year 1993, NAVCARE clinics will provide appointed care for routine, non-urgent patients. This is a change from the walk-in, unappointed care system we used in the past.

Why are we changing to appointment systems at the

NAVCARE clinics?

Our patients have told us that we could improve services at our NAVCARE clinics by reducing the time spent waiting for services at the clinics. The walk-in philosophy previously used by the NAVCARE program has meant significant waiting times at the clinics during peak hours. Appointments for routine, non-urgent problems will reduce waiting times for all patients.

Will I be able to be seen immediately if I have an urgent problem?

Yes. Any patient who arrives at a NAVCARE clinic with an urgent condition will be seen immediately. Although all patients are urged to call ahead to allow the clinic to plan for their arrival, no prior appointment will be required for urgent care.

Who can use the NAVCARE clinics?

All DEERS eligible beneficiaries can use the services provided by the NAVCARE clinics.

When are the NAVCARE clinics open?

Our NAVCARE clinics will continue to offer convenient access to care seven days a week, 365 days a year. Services are provided from 7 a.m.-8 p.m. Monday through

Friday and 7 a.m.-4 p.m. Saturday, Sunday and all holidays.

How can I make an appointment at the NAVCARE clinic?

Appointments are made by calling your NAVCARE clinic appointment coordinator or TRICARE Service Center in the Tidewater area. This number is posted in the waiting areas of the clinic or can be obtained from your local Navy hospital.

Are there other benefits by going to appointment systems?

Yes. Because you can request an appointment, you can also request a particular physician with whom you have developed a physician-patient relationship. This will let you have a "family physician", as available. Each NAVCARE clinic is encouraged to manage particular patient needs to everyone's best advantage. Therefore, immunization, school physical, newborn baby, gynecology and other specialty clinics will be available. This will reduce patient waiting times and allow the clinic to have the right "mix" of healthcare professionals available to meet your needs.

How can I best use the ap-



From 880 Southbound-Take Hegenberger/Coliseum Exit. Take Hegenberger to Edes.
From 880 Northbound-Take Hegenberger Exit to Edes. Turn right on Edes.

pointment?

Plan your non-urgent needs in advance. Same day appointments will be available for NAVCARE patients. However, please think in terms of the day when you are sick and require a physician visit that day. You want that same day service available. So, if you have an immunization, school physical or just need a check-up, be considerate of the patients who are acutely ill. Request an appointment within a few days, not today.

Be flexible in requesting appointments. Try to have two or three acceptable times or dates when you call. Be prepared to discuss alternatives with the NAVCARE staff. Keep your appointment. If you miss your appointment, you have kept another person from us-

ing that time.

Use healthcare only when you need it. DoD healthcare competes for limited resources along with other important defense programs. Training, flying hours, steaming days, procurement research and all other components of the DoD budget compete for resources. Use the NAVCARE clinic only when you require medical care.

How can I help?

Be patient. As NAVCARE transitions to the appointment system, we ask your patience, particularly during our start-up period. Both you and the providers will need to adjust to the new system. The staff of each clinic and everyone in Navy Medicine is committed to the success of this transition.

Naval School of Health Sciences celebrates its fourth anniversary



CDR Richard Kallal, MSC, HMC Bruce Campbell and HN Samuel Amos cut the ceremonial cake that highlighted the fourth anniversary of the founding of the Naval School of Health Sciences at a picnic recently. Reporting directly to the NSHS commanding officer in San Diego, the detachment provides instruction in Preventive Medicine. It also includes Operating Room, Basic X-Ray, Phase II Clinical Nuclear Medicine and Physical Therapy Schools. NSHS San Diego has been a tenant command of Naval Hospital Oakland since 1988. Before that date, the individual schools had been part of NAVHOSP Oakland since 1950; however, the Detachment receives services from the hospital, as agreed upon under the terms of a support agreement. For example, the Operating Room and X-Ray Technician students learn their trade on the job at the hospital. CDR Kallal is the school's officer-in-charge; HMC Campbell, a student in Preventive Medicine Technician School and HN Amos a student in the Basic X-Ray School. (Official U.S. Navy photo by JO2 Stephen R. Brown)

Bill signed for new veterans home in Southern California

SACRAMENTO, CA-In the midst of the State's budget gridlock, here's an encouraging note for those who served in the military. California may now meet a long-term commitment to aging veterans in the Southland.

Governor Pete Wilson has signed Assembly Bill 848 authorizing \$11 million in revenue bonds or notes for construction of a veterans home in Southern California, State Veterans Affairs Director Benjamin T. Hacker announced.

Hacker, a retired Navy admiral, said, "An outline of the new facility is beginning to appear on the horizon, but we need to move full speed ahead to reach our objective."

"Time marches on. Nearly 2 million veterans residing down south aren't getting any younger. The median age of World War II veterans is nearly 70. For Doughboys, it's above 94. Korean vets are almost 61. We must complete drawings and plans next year and award the construction contract as soon as possible," urged Hacker.

The new law, authored by Assemblyman Richard Floyd, D-Carson, provides a means of certifying the commitment of state matching funds to the United States Department of Veterans Affairs (USDVA) to qualify for a grant of an additional \$20 million for construc-

tion.

The Governor's signing of this measure allows California to obtain the commitment of federal funds without immediate expenditure of state funds. Should state finances not improve in the next calendar or fiscal years, the state is not committed to spend any money. However, if state money is available and the department is authorized to proceed, the general grant funds will be there.

A site in the City of Barstow, to be deeded by Barstow Community College, has been nominated as the first location for the proposed Southern California veterans home, according to a report submitted to the Governor and the Legislature July 1, 1992.

In its report, the commission recommended that the California Department of Veterans Affairs manage the home in the same manner as the existing home in Yountville and proposed that the department operate the second home as one unit, regardless of the total number of sites the State may construct. The commission recommended multiple sites, each designed for 400 residents. The commission estimated \$31 million in construction costs for one site. The USDVA state veterans home grants program will provide 65 percent of the construction cost.

A salute to American veterans

On Nov. 11, 1918, at 5 a.m. Paris time, representatives of the government of Germany signed an armistice of 35 clauses, the most severe and drastic demanded from a major power.

At 11 a.m. that same day, guns were silenced, hostilities ended and, for the first time in four years of horrendous fighting, the world was at peace. World War I was over!

Historians of the time chronicled what was, then, perceived as a holocaust, as "the war to end all wars." Veterans of World War II, Korea, Vietnam and Desert Storm know that this was a prediction that didn't come true, and, 74 years later, the significance of WWI has been diluted from public awareness by a long period of intense global conflict.

But Nov. 11 is still a day to remember.

Until 1954, it was celebrated as an observance of WWI. Afterward, the Congress of the United States expanded its meaning by designating the federal holiday as Veterans Day — a day to honor all the men

and women who served in the armed forces of the United States.

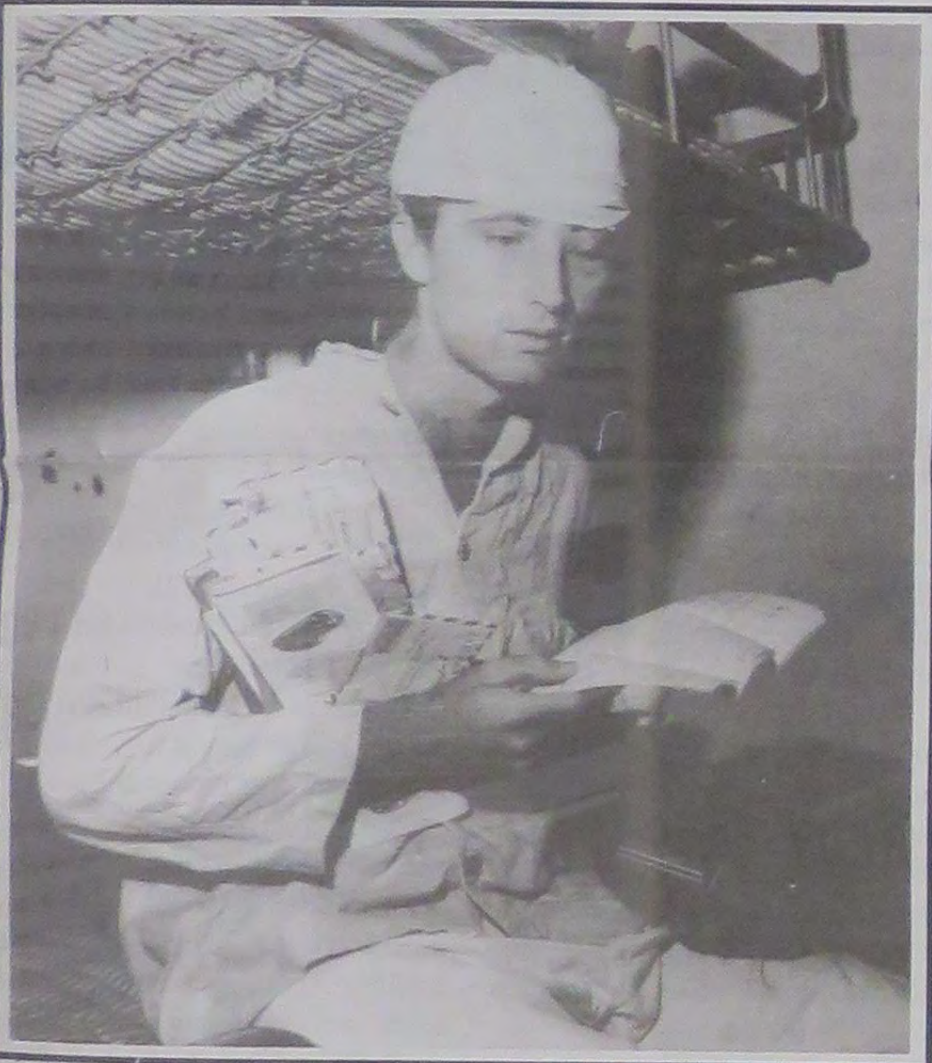
"Veterans Day is a day when all Americans should pause a moment in recollection and prayers," stated a Nov. 8, 1968 Oak Leaf editorial. "By making just this simple observance before going on with our normal holiday activities, we will have paid proper homage to the millions of Americans, past and present, living and dead, who have courageously served their country."

Since then, Congress changed the actual observance date of the federal holiday — designating a day close to, but not always coinciding with Nov. 11. This year, Veterans Day will be observed, on Monday, Nov. 9. Like it was for service members of yesteryears, it is a day — to borrow from the 1968 editorial — "for those of us who now serve, the veterans of tomorrow, to rededicate ourselves to the principles of freedom and human dignity for which our comrades-in-arms throughout America's history have fought and died."

A. Marechal-Workman



Nine of the 12 nurses rescued from Los Banos Japanese concentration camp in the Philippines on Feb. 23, 1945 pose with singer Jeanette MacDonald (holding flowers) and Oak Knoll's commanding officer, CAPT (later RADM) Arthur Dearing (5th from right). CDR Margaret (Peggy) Nash, whose interview was featured on the front page of The Red Rover's Vol. 4 No. 13, stands to the left of Ms. MacDonald. She was a lieutenant junior grade at the time. (Official U.S. Navy photo)



A former staff corpsman from Oak Knoll (from Nov. 23, 1951 to March 7, 1952), HM3 William Gentleman, was among the casualties who arrived aboard the USS Haven on Oct 13, 1952. Gentleman was cited for his heroic action in caring for the wounded under heavy fire even after shrapnel had blinded him in one eye and penetrated his brain. Evacuation from the battlefield by helicopter and seven hours of surgery saved him. (Photo courtesy of The Oakland Tribune)



Friends and relatives of men aboard USS Haven were at the docks Monday morning [Oct. 13, 1952] when the ship tied up at Alameda — as were Oak Knoll ambulances, busses and a crew of officers and corpsmen who moved the casualties here from their hospital afloat. (Photo courtesy of The Oakland Tribune)



On March 8, 1973, U.S. Marine Sgt. Richard Burgess, answered questions at a an Oak Knoll press conference. Sgt Burgess was captured on Sept. 25, 1966 in South Vietnam while serving in Company "L," 3rd Battalion, 4th Marines, 3rd Marine Division. Age 26 and single at the time, Sgt Burgess was making progress daily at Oak Knoll, where he was recovering from the stress of a long captivity. (Official U.S. Navy photo)



Former prisoners of Desert Storm are welcomed aboard USNS Mercy (T-AH 19) in January 1992 after being released by the government of Iraq. A total of 23 POWs — 21 Americans and two Italians — were aboard Mercy for observation and medical treatment. (Official U.S. Navy photo)

Great American Smoke Out

Smoking light out, but smokeless tobacco no safer

By Evelyn D. Harris
American Forces Information Service

Whoever said quitters never win didn't know about the Great American Smokeout.

The 16th annual smokeout is Nov. 19. It's the day family and friends will encourage smokers to quit for a day in the hope they will stop for good.

Last year, military bases held fun runs and other events such as ashtray throws on the day. Similar events are scheduled this year.

According to the American Cancer Society, almost 36 percent of the nation's smokers quit for the day last year. Of those, almost 12 percent were still not smoking one to three days later.

But not just smokers should quit. Research about the harmful effects of passive smoking on nonsmokers has led to more and more smoke-free workplaces. Health officials are concerned some smokers are responding by switching to smokeless tobacco, said Army nurse LTCOL Gale Pollock, a senior policy analyst in the Office of As-

sistant Secretary of Defense for Health Affairs. She said smoking is decreasing in the military, but use of smokeless tobacco seems to be increasing. According to the Department of Agriculture, the general population is using more smokeless tobacco than ever before.

"Although smokeless tobacco does not expose others to sidestream smoke, it is no safer for the user than cigarettes," said Pollock. "Because there are so many tiny blood vessels in the mouth, people seem to get a bigger jolt from dipping or chewing than from smoking. This makes

smokeless tobacco extremely addictive."

Terry Conway, a scientist with the Naval Health Research Center in San Diego, Calif., said she believes smokeless tobacco users may be deceived about its safety. She compared the physical fitness of Navy smokers with that of nonsmokers and smokeless tobacco users.

"Smokers didn't do as well as nonsmokers on the Navy's Physical Readiness Test," Conway said. "But smokeless tobacco users and nonsmokers performed about the same. Smokeless tobacco users and nonsmokers both tend to do more voluntary exercise than smokers, which indicates that fitness is important to both groups. So perhaps the fact that the negative health effects of smokeless tobacco aren't as easy to see at first may lead them to believe it is safe."

A medical academy is running a public service campaign called "Through With Chew." According to the academy, doctors diagnose some 30,000 new cases of smokeless tobacco-related cancer every year. Some cases take years to develop.

Tragically, others develop quickly. The academy's education kit show smokeless tobacco user and high school athlete Sean Marsee first as a handsome 16-year-old and then as he looked at age 19 shortly before he died of oral cancer. His face was distorted and a tube was hooked to his nose.

Marsee, who thought smokeless tobacco was safe when he started to use it, gave permission to use the pictures. In his final days, he actively campaigned to prevent others from taking up the habit.

Academy Executive Vice President Dr. Jerome C. Goldstein said quitting smokeless tobacco is often tougher than quitting smoking. So the group focuses on discouraging young people from taking up the habit. Major league baseball player

THROUGH WITH CHEW



John Franco, Dan Quisenberry, Nolan Ryan and others are helping with the effort. Ryan said he quit chewing after he decided there were no positive aspects of chewing to balance out the negatives.

The negatives, say researchers, include increased risk of cancer, especially in the cheeks, gums and throat. The habit can also lead to mouth sores, receding gums, tooth decay, bad breath and permanent discoloration of the teeth.

Some military installations have special classes helping those who chew tobacco quit. For those who need additional help, doctors in the military medical system may prescribe nicotine patches that deliver gradually reduced doses of nicotine over a period of time. Since the patches are a dangerous drug—smoking while wearing a patch can be fatal—they are available only as part of a medically supervised program.

Civilians can get help, too. Last year, the Office of Personnel Management ruled insurers participating in the Federal Employees Health Benefits program had to fund at least \$100 of an approved smoking-cessation program.

Tobacco program success story

By Evelyn D. Harris
American Forces Information Service

There are almost one-third fewer smokers in the U. S. Coast Guard today than two years ago, said Dr. (CAPT) Alan Steinman. The rate decreased from 29 percent to 20

use during the eight weeks of basic training.

"Basic training isn't much fun anyway, so the smoking ban is just one more irritation. We give them weekend liberty at the end of the seventh week—so that would be their first opportunity to smoke. Just before that liberty, we show a short video and slides. After that, we

in his chest and couldn't exercise for weeks. Since he was an athlete, that really upset him," Steinman said. "The reason he became so ill it that after seven weeks without smoking he'd physically shaken his tobacco addiction and lost his tolerance. Nicotine is a poison, and this clearly demonstrates that.

"Anyway, with all these factors and the additional nudge from his wife, who wanted him to quit—he quit. He tells the audience that he's glad he did."

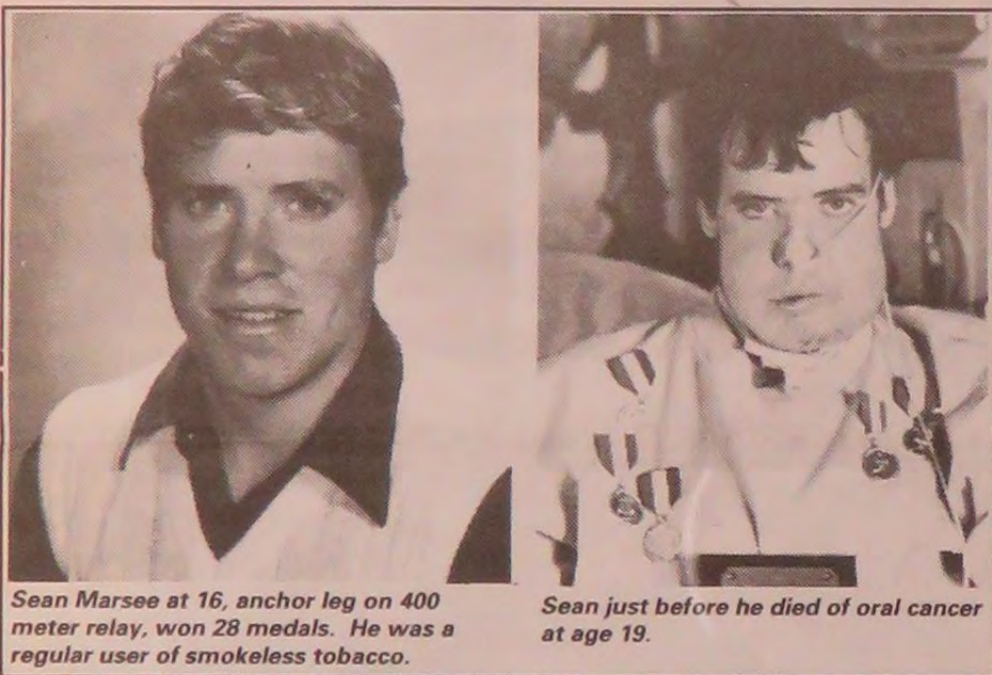
After the video, a health specialist talks a little and shows some slides on the effects of smoking on the lungs and the effects of smokeless tobacco. The recruits see pictures of little white spots on the gums called leukoplakia that are the first step to cancer. "Some chewers already have these," Steinman said. "It shakes them up a little when they learn they (the spots) can develop into cancer. I also show them badly receding gums caused by smokeless tobacco. I tell them many brands have sugar in them and increase the chance of tooth decay.

The kicker is showing recruits before and after slides of a young man with oral cancer. Most of these patients end up losing part of their jaw, and the chemotherapy results in hair loss. The effect on appearance is enough to change most young men's minds.

"The whole thing—video, slide talk and discussion—takes little more than 20 minutes," said Steinman.

When they return from liberty, the recruits take an anonymous survey. The survey asks whether they used tobacco before joining the Coast Guard. It asks whether they

See Success page 8



percent between 1990 and 1992.

Steinman, a Public Health Service physician, heads the wellness program at Coast Guard Headquarters in Washington, D.C. Two years ago, the Coast Guard instituted a policy of "no smoking in enclosed areas." That was all some smoking "Coasties" needed to quit, but it wasn't enough for everyone. Others simply switched to smokeless tobacco—a trend also reported by doctors around the country.

So what did the Coast Guard do to reduce tobacco use while discouraging people from simply switching addictions?

"We had an aggressive program for everyone, but we especially focused on recruits," said Steinman. "First, we don't allow any tobacco

have a discussion about using tobacco—both in smokeable and smokeless forms.

"We keep it very low-key, and we talk to them like the adults they are," Steinman said. "Since treating recruits like adults isn't always a big part of basic training, that alone helps. From the video, we use a Coastie who used to smoke. Shawn Essert made the tape when he was a seaman—he's now a marine science technician third class."

Essert was in the Coast Guard Honor Guard when he made the tape. Steinman says that position makes Essert credible.

"He tells how, on his first liberty, he smoked half a pack of cigarettes in half an hour. He became violently ill—so ill he tore muscles

From the Chaplain

LT Lynne J. Kennedy, CHC

In a conversation over a cup of tea with my neighbor, she stated that it is hard to find good neighbors. Robert Frost, an American poet, wrote that "good fences make good neighbors." In reaction to overly noisy neighbors, we've built fences to seek privacy. In fact, the apartment wall is sufficient in urban America. Ask yourself, how many neighbors do I know well? It's even more difficult for the frequent movers of the military. Besides, what is a good neighbor?

In the Bible, Jesus tells a story to illustrate, when he is asked that question. To paraphrase: A man was attacked, beaten, robbed and left for dead. (Sounds like the daily news!) A chaplain for the injured man's own faith group was passing by and when he saw him lying there, he crossed over to the other side of the road. Another devoutly religious person also skirted the disheveled man. A man from a different ethnic background (in fact, one quite antagonistic to the injured man) saw the man and took pity on him. He went to him, bandaged his wounds (after putting medi-

cation on them) and then took him to a nice hotel where he cared for him. However, business demands required him to leave before the recovery was complete, so he arranged a deal with the owner of the hotel to provide care until he could return. The question is asked of you: Which of these was a good neighbor?

Are you a good neighbor? ...when it is convenient?...when it is inconvenient? In this day of drawdowns, cutbacks and slow economy, we need good neighbors...both where we live and where we work. Are you passing by someone in the passageway or your workspace who is hurt? Are you avoiding

people who have problems instead of reaching out to help them? We all need "to have" good neighbors. It starts by "being" a good neighbor. Challenge yourself, ask yourself

daily for the next week: What can I do today to demonstrate that I am a good neighbor? Just imagine what this base would be like, if everyone tried hard to be a good neighbor...

Religious Services

Catholic Mass	Mon-Fri	Noon
	Sunday	8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

Diet Corner

More than a quick pick-up: Facts about caffeine

By LTJG Susan Dunaway

Caffeine is a chemical compound naturally found in substances such as coffee, tea, and chocolate. Caffeine is an active ingredient in many over-the-counter cold remedies, diet aids, pain relievers and other medications and is also an added ingredient in many soft drinks.

For most people, moderate amounts (50-200 mg/day) of caffeine are not harmful and actually has a few beneficial effects. It can relieve certain types of headaches by constricting the blood vessels in the brain and can reduce muscle tension



by increasing blood flow to muscle cells.

However, the adverse side effects can make it beneficial to reduce caffeine consumption.

Some of these include insomnia, interrupted wakeful sleep, irritability, anxiety, heartburn, stomach upset, and irregular heart beats. Heavy consumption of caffeine can be addictive and reduction of it can cause headaches and other withdrawal symptoms. It also acts as a diuretic and has been found to decrease the body's absorption of iron and calcium.

Caffeine is not recommended for women trying to get pregnant, for pregnant and breast feeding women, and for people with an active ulcer.

Upper right is a list of some common food products and their caffeine content.

Product	Mg CAFFEINE
COFFEE INSTANT (5 oz)	45-70
COFFEE BREWED (5 oz)	55-115
NON-HERB TEA (brewed 3 min) 5 oz	35-40
NON-HERB TEA (brewed 5 min) 5 oz	40-50
MILK CHOCOLATE (1 oz)	6
BAKING CHOCOLATE (1 oz)	35
COLA TYPE SOFT DRINK (12 oz)	30-45
MOUNTAIN DEW (12 oz)	54

Food labels: Read the fine print

Unnur K. Gylfadottir
Student Dietitian

Foods labels provide nutritional information and a list of ingredients. U. S. government regulations require that all enriched and fortified foods that make any nutritional claim, include nutrition information on the back of the product.

Ingredients are listed in descending order of predominance by weight, i. e. the largest quantity is listed first and the smallest quantity is listed last. For example—ingredients: ground corn, safflower oil, water. This tells you that ground corn is the ingredient present in the largest quantity and water the ingredient present the smallest quantity.

Make it a habit to read food labels. Compare products and choose the one with less fat and sugar. If salt, fat or sugar appears near the top of the list, it is not the best nutritional choice.

The nutritional information includes calories and grams of fat, protein and carbohydrate. Fat has nine calories per gram, while protein and carbohydrate each have four calories per gram. By multiplying the number of grams per serving by the calories per gram you can find the total number of calories. For example:

	Grams per serving		Calories per gram		Total calories
Protein	8	x	4	=	32
Carbohydrate	11	x	4	=	44
Fat	1	x	9	=	9
					85

Using the example above, you can find out about the percentage of fat per serving. Take the nine calories from fat and divide by 85 total calories x 100 to get 11 percent of calories from fat. This would be a low fat product. It is recommended that the total fat in the diet be less than 30 percent of your total daily calories.

Always check the serving size and the number of servings per package. It may surprise you how small some of the serving sizes are!

***Use the following guidelines for low fat food choices:**

- 1. General Rule: No more than 3 grams of fat per 100 calories.
- 2. Low fat Frozen Dinners: No more than 10 grams of fat per

dinner.

- 3. Lowfat Frozen Desserts: No more than 3 grams of fat per 4 oz or 1/2 cup serving.

- 4. Cookies and Crackers: No more than 3 grams of fat per ounce.

I hope I have convinced you to become a "label detective." Start by checking the food labels that you already have at home. Then start comparing products on your next grocery store trip. Good luck!

References:

- 1. Parlay International, 1987.
- 2. Understanding Nutrition by Whitney and Hamilton, West Publishing Company, 1987.
- 3. Solano County Cancer Prevention Program.

The Retired Officers Association Increases Educational Interest-Free Loans to \$2,000

To further assist sons and daughters of members of the uniformed services in obtaining a college degree, The Retired Officers Association (TROA) has increased its Educational Assistance Program to provide \$2,000 annual, no-interest loans. The loans, increased by \$500 over the last two years, are awarded for up to five years of undergraduate study to unmarried undergraduate students, under the age of 24, who are dependent children of active, reserve, and retired service personnel and their widows(ers).

This current school year, 700 students were awarded loans, totaling over one million dol-

lars. From this group, based upon their academic records, participation in extracurricular and community activities, 142 students received special \$500 grants in addition to the loans. All those who were awarded loans were automatically considered for the grants.

The TROA Educational Assistance Program, established in 1948 for the sons and daughters of retired officers and their widows, has expanded to include the children of active duty, reserve, National Guard and retired officers, warrant officers and noncommissioned officers of the Army, Navy, Air Force, Marine Corps, Coast Guard, U. S. Public Health Service and

National Oceanic and Atmospheric Administration. Since this program was initiated, over 3,600 students have received interest-free loans, totaling more than \$9 million.

Educational Assistance applications for the 1993-94 school year will be available after Nov. 1, 1992. Applications should be requested by February 15, 1993, and the completed application must be postmarked on or before March 1, 1993.

For applications and more information, write to TROA Educational Assistance Program Administrator (09D), 201 N. Washington St., Alexandria, VA 22314-2539

Family Service Center Alameda offers a variety of programs

BASIC BUDGET & YOUR FINANCIAL RESPONSIBILITY

Your pay and how you spend it is your responsibility. Learn basic budget concepts before you get into financial trouble. Learn how to stay within the limits of your budget. Do you know how to read your LES? What is your Debt to Income Ratio? Find the answers to these questions and more. Monday, November 2, 9-11 a.m. and Thursday, Dec. 17, 6:30-8:30 p.m.

CHILDBIRTH PREPARATION

Childbirth preparation classes will again be offered at the Family Service Center. Subjects to be covered are breathing techniques, relaxation, labor support, etc. Cost will be \$50 per mother, payable directly to the instructor on the first night of class. Labor coaches welcome. Mothers should be in their last trimester (months 7, 8, and 9). Be watching for further information.

PARENT DISCUSSION GROUP

Here is your chance as a parent to get together with other parents and find you're not alone. We will use the John Bradshaw tapes on the family as a basis for discussion. Tuesdays, Nov. 3 and Dec. 8, 6:30-8 p.m.

NEIGHBORHOOD WATCH (part 1)

Jay Thomas, NAS Security, will be presenting an evening program on crime prevention, personal safety and other topics. These topics will educate you on how to avoid being a crime victim and what to do if you are a victim. Thursday, Nov. 12, 6:30-7:30 p.m.

NEIGHBORHOOD WATCH (part 2)

The second meeting will focus on the Christmas holiday. How to insure a safe and happy holiday season. A group discussion of current neighborhood crime trends or special interest topics, e.g., drugs, burglary, missing children will be offered in the new year. Thursday, Dec. 10, 6:30-7:30 p.m., Bldg. 78, Room. 213.

TELEPHONE TRAINING FOR VOLUNTEERS

Attention: Volunteers! The Family Service Center introduces a series of volunteer training workshops. (FSC volunteer staff and/or people that are interested in volunteering can participate in the workshops). Volunteer training is for you if you want to develop skills for re-entry into the work force, update your present skills or to do something in your spare time. Monday, Nov. 16, 10-noon.

CAR BUYING

Stop! Look! Listen! Think! before buying that CAR... "Car Buying Strategies" is a class you won't want to miss if you are considering buying a new or used car in the near future. Acquire the knowledge necessary to make an informed car buying decision. Call early to register. Monday, Nov. 16, 6:30-8:30 p.m.

UPS & DOWNS OF INS & OUTS

Short separations can be harder than long deployments. Here is a chance to get together and discuss the adjustments and re-adjustments necessary to cope with short deployments and work-ups. Come and enjoy good conversation, coffee and dessert. Wednesday, Nov. 18, 6:30-8 p.m.

POSITIVE LIVING

Positive Living Support Group is a dedicated group of individuals trying to lose or maintain weight, establish better lifestyle choices, and/or get in shape. Speakers are featured on various topics. Join this winning team. Thursday, Nov. 19, Dec. 10 and 17, 6:30-8 p.m.

For more information or to register for workshops call (510) 263-3146

Influenza and influenza vaccine information

What is Influenza? ("Flu")

Influenza (or "flu") is a viral infection of the nose, throat, bronchial tubes and lungs that can make someone of any age ill. Usually the flu occurs in the United States about November to April. If you get the flu, you usually have fever, chills, cough, and soreness and aching in your back, arms, and legs. Although most people are ill for only a few days, some persons have a much more serious illness and may need to go to hospital. On average, thousands of people die each year in the United States from the flu or related complications.

Who should get Influenza Vaccine?

Because influenza is usually not threatening in healthy individuals and most people recover fully, health officials emphasize the use of vaccine for the elderly and people with other health problems most likely to be seriously ill or to die from the flu or its complications. For example, people who after even light exercise become short of breath due to diseases affecting their heart or lungs, and people who have low resistance to infections, are likely to be more seriously affected by the flu. Thus, the following groups are at highest risk for serious illness with the flu and have been particularly recommended to receive vaccine:

- * Individuals 65 years of age and older.
- * Adults and children with long-term heart or lung problems which caused them to see a doctor regularly, or to be admitted to a hospital for care during the past year.
- * Residents of nursing homes and other institutions housing patients of any age who have serious long-term health problems.
- * People of any age who during the past year have regularly seen a doctor, or been admitted to a hospital for treatment of kidney disease, cystic fibrosis, diabetes, anemia ("low blood"), or severe asthma.

* People who have a type of cancer or immunological disorder (or use certain types of medicine) that lowers the body's normal resistance to infections. (Because influenza might cause serious illness and complications in persons infected with the HIV/AIDS virus, these individuals should receive influenza vaccine.)

* Children and teenagers (6 months through 18 years of age) on long-term treatment with aspirin who, if they catch the flu may be at risk of getting Reye syndrome (a childhood disease that causes coma, liver damage, and death).

Certain medical staff who provide care to high risk patients in health care facilities also should be vaccinated, to reduce the possibility that these patients might catch the flu when receiving medical care. Family members or others who provide care to high-risk persons at home should also be vaccinated. The possibility for spreading the flu to high-risk persons can be reduced by vaccinating:

- * Doctor, nurses, and other in both hospital and outpatient-care settings who have extensive contact with high-risk patients in all age groups, including children.
- * Individuals who provide care to high-risk persons at home, such as family members, visiting nurses and volunteers, as well as all household members, including children, whether or not they are providers of care.

In addition, a flu shot may be given to:

- * Persons who want to reduce their chances of catching the flu.
- * Persons who provide essential community services.
- * Students or other persons in schools and colleges if outbreaks would cause major disruptions of school activities.
- * Children in day care if they are over 6 months of age.

Influenza vaccine:

The viruses that cause flu fre-

quently change, so people who have been infected or given a flu shot in previous years may become infected with a new strain. Because of this, and because any immunity produced by the flu shot will possibly decrease in the year after vaccination, persons in the high-risk groups listed above should be vaccinated every year. This year's flu shot contains the strains A/Texas/36/91, A/Beijing/353/89, and B/Panama/45/90 provided immunity against the types of flu which have been circulating in the past year and are thought to be most likely to occur in the United States this winter. All the viruses in the vaccine are killed so that they cannot infect anyone. Vaccine will begin to provide its protective effect after about one or two weeks, and immunity may decrease, on average, after several months. Flu shots will not protect all of them against the flu. They also will not protect against other illnesses that resemble the flu.

Dosage:

Only a single flu shot is needed each season for persons 9 years of age and older, but children 8 years or less may need a second shot after about a month. The doctor or nurse giving the flu shot will discuss this with parents or guardians. Children should be given only vaccine that has been chemically treated during manufacture ("split-virus") to reduce chances of any side effects. Split-virus vaccine also can be used by adults.

Possible side effect from the vaccine:

Most people have no side effect from recent influenza vaccines. Flu shots are given by injection, usually into a muscle of the upper arm. This may cause soreness for a day or two

NAVHOSP Oakland staff personnel will receive their flu shots the week of Nov. 2-6. Beneficiaries are requested to please try and avoid these days to receive their shot. This will allow staff personnel to receive their shots in a timely manner so they may continue their work. Thank you. More information for staff personnel will be in the POD.

at the injection site and occasionally may also cause a fever or achiness for one or two days. Unlike 1976 swine flu vaccine, recent flu shots have not been linked to the paralytic illness Guillain Barre Syndrome. As is the case with most drugs or vaccines, there is a possibility that allergic or more serious reactions, or even death, could occur with the flu shot.

Warning: Some people should check with a doctor before taking influenza vaccine:

- Persons who should not be given the flu shot include those with an allergy to eggs that causes reactions if they eat eggs.
- Anyone who has ever been paralyzed with Guillain Barre Syndrome, as well as women who might be or are pregnant, should seek advice from their doctor about special risks that might exist in their cases.
- Persons who are ill and have a fever should delay vaccination un-

til the fever and other temporary symptoms have gone.

Questions:

If you have any questions about influenza or influenza vaccination, please ask now or call your doctor before requesting the vaccine.

Reactions:

If anyone receiving influenza vaccine gets sick and visits a doctor, hospital clinic in the four weeks after vaccination, please report this to: Head, Preventive Medicine, Naval Hospital Oakland, (510) 633-6755.

The Immunization Clinic is on the 8th Deck, (510) 636-4937. Hours of operation: 7:45-11:45 a.m. and 1-4 p.m., Monday through Friday. Please be sure and sign the Immunization Clinic's Immunization Log-Book.

Success.....continued from page 6

smoked or used smokeless tobacco and whether the discussion influenced them on liberty.

Based on about 2,600 recruit responses, Steinman said, 58 percent of male users and 64 percent of female users were influenced not to use tobacco on liberty. For "hard-core" users, which he describes as those who both smoked and used smokeless tobacco before, 20 percent didn't use (tobacco) on liberty and 46 percent were convinced to seriously consider quitting.

Furthermore, 51 percent of female recruits and 47 percent of males said the discussion influenced them to try to encourage their shipmates not to use tobacco.

In addition to the formal program for recruits, Steinman said he's gotten good results from a poster placed in Coast Guard gyms around the country.

The poster shows Sean Marsee, a high school athlete from Ada, Okla., who used smokeless tobacco

because he thought it was safe. Marsee is seen first as a handsome 16-year-old, then as a 19-year-old shortly before he died of oral cancer. "He lost one side of his jaw, and he has tubes coming out of his nose," Steinman remarked.

On his deathbed, Marsee wrote, "Tell them not to dip or chew." He had lost the ability to talk, but he wanted other young people to avoid his fate. Marsee used about half a can of snuff a day until he got cancer.

"I've had guys come up and tell me that just seeing that poster was all it took to get them to quit," Steinman continued. "Coast Guard health promotion people in the field have reported the same thing. Marsee and his parents really did a good thing by allowing his picture to be used. I'm going to keep it up in our gyms."

Steinman recently briefed the Army, which is thinking about adapting his program.

CFC Kickoff.....continued from page 1

to help fellow co-workers, two command members gave their personal testimonies on how CFC agencies had helped them in times of need. HMC Karen A. Delisle returned for her third time to share the story of her son, Eric, who became a quadriplegic following an accident when they were stationed in Hawaii. Eric is now a senior in high school and is looking forward to attending the University of Miami with a goal of becoming a lawyer. LT Jerry L. Gentry, a third-year surgical resident currently in rotation at Highland Hospital, felt it was so important for others to know of the American Red Cross support for him during last year's Oakland fire, that he gave up precious off-duty time to speak during the ceremony and en-

courage people to participate in the year's fund drive.

Another idea stressed during this year's kickoff ceremony was the fact that the CFC Fund Drive is a purely voluntary effort. RADM Buckendorf stressed this point in addressing the keyworkers present. "The real issue here is to do this voluntarily...Try to reach as many people (as you can). Try to get as many people involved as you possible can...This is a volunteer effort. It ought to be a fun type of thing. It ought to be an effort that says, 'We're doing this to help our people and other people who are really in need.' If you have not yet donated to CFC, please contact your key person and donate. Please 'be there' for someone."

Stop smoking classes available at NAVHOSP Oakland

A seminar will be held on Wednesday, Nov. 4 for anyone interested in "Life Without Tobacco" for smoking cessation or chewing tobacco cessation. The addicting effects of nicotine will be discussed in addition to the Naval Hospital Oakland nicotine replacement program for the transdermal nicotine patch or nicotine gum.

Presenters RN Aggie Freeman and LCDR Paul Savage, MC, will answer attendees questions.

An active-duty member who has participated in the NHO program will be a guest speaker. Class is open to all who want support to stop smoking. Classes



are free. No consultation is required. A commitment to attend six two-hour classes in one calendar month is necessary.

Information will be given "Fresh Start Plus" an American Cancer Society Program that is Navy specific. These classes are spon-

sored by the Patient Education and Internal Medicine Department and the Wellness Department in Preventive Medicine.

ACTIVE DUTY may contact HM2 Boholst of the Wellness Department at ext. 3-8851 to enroll. A walk-in clinic for active duty in uniform with their medical record is held 8 to 9 a.m. in the Internal Medicine Dept, Room 448R, Patient Education, on Tuesday and Thursday mornings.

PHYSICIANS may refer by consult to Patient Educator, RN Aggie Freeman 9-801-5545 (beeper) or ext. 3-5375. Her office is Room 448R, Fourth Floor, Internal Medicine Department.

- | | |
|--------------------|---|
| Class I - | THE NICOTINE PATCH, THE SMOKERS TRIANGLE |
| | Health Benefits of Smoking Cessation |
| | "WHY QUIT QUIZ" RN FREEMAN, DR. PAUL SAVAGE |
| Class II - | COLD TURKEY & TOBACCO FREE |
| | Why I Smoke |
| Class III - | THE BIG SELL/ADVERTISING |
| | The Tobacco Pandemic - David Moyer, CAPT, MC |
| Class IV - | MANAGING STRESS WITHOUT NICOTINE |
| Class V - | STOP SMOKING, STAY TRIM |
| Class VI - | STAYING QUIT, HANDLING RELAPSES |
| | GRADUATION |



The Red Rover

The Navy's first commissioned hospital ship

Vol. 4 No. 16

Naval Hospital Oakland, California

November 25, 1992

Navy Chaplain Corps 217th anniversary

Bravo Zulu to venerable institution

By A. Marechal-Workman

Nov. 28, 1992 marks the 217th anniversary of the Chaplain Corps. According to CDR H. Lawrence Martin, CHC, USN, a historian in the Office of the Chief of the Chaplains, "on Nov. 28, 1775, the Continental Congress adopted the second article of Navy Regulations which states: 'The commanders of the ships of the Thirteen United Colonies are to take care that divine services be performed twice a day on board, and sermon preached on Sunday, unless bad weather or other extraordinary accidents prevent.' In 1953, the secretary of the Navy established this date as the official beginning of the Chaplain Corps of the Navy."

After a rocky beginning, and in the face of attempts to abolish the chaplaincy as being unconstitutional, recognition and acceptance was finally attained in 1917 with the creation of the Chaplains Division within the Bureau of Navigation.

From an initial complement of seven active-duty chaplains in 1800, in keeping pace with the needs of the Navy, according to the Chaplains History Department in Norfolk, Va., the Chaplain Corps has grown into a force of 1120 officers. On this list figure 57 women, some of whom serve

on non-combatant ships such as tenders, oilers and other support ships.

"I think that it's taken a while for women to find their place in the Corps," said LT Anne Krekelberg, CHC, explaining that she believes the early rationale for allowing women in the chaplaincy was prob-

"But that's not the reason that we're here," added the dynamic member of NAVHOSP Oakland's Pastoral Care Department. "All chaplains are here to minister to all people, and every chaplain brings with him/her unique gifts. For women, this might be that's they're easier to talk to.

not be so comfortable talking to men because they would find it intimidating."

Colleagues of Chaplain Krekelberg, LT (Father) Francis Walsh and LCDR Peter Nissen, echoed the sentiment, indicating the presence of women in the Corps gives it both a different theological

Navy Chaplain Corps is the ability of so many religious denominations to work together within one entity. "At NAVHOSP Oakland, I think a lot of the credit for that goes to the head of our department, Chaplain [CAPT] Herman Kibble — the way he sees our mission of ministering to people of all faiths," she said. "For example, Father Walsh, our Catholic priest, is a part of our Bible study on Wednesday. He takes a turn like the rest of us in teaching the Bible...He's so dedicated to walking around the wards to change people's lives. He spends more time than any of us on the wards because he not only goes to every Catholic patients in this hospital, everyday...he also stops at the other beds and sees everyone else. It's a joy for us to see that."

The prospect of downsizing doesn't worry Chaplain Krekelberg. She knows that "numbers are going to be considerably smaller," but she sees Total Quality Leadership (TQL) as a tool with which to cope. "If we move in the world of TQL, we're going to have to focus more on the quality of what we do rather than quantity," she said with confidence, backing her prophecy with data obtained from their department's Quality Assurance (QA) six-month review. "It helped us to see, for example, how we are doing with

See Chaplains, page



Four NAVHOSP Oakland's chaplains discuss the holistic approach of their mission while waiting for the fifth member of their team. (From left) LTs J. L. Kennedy and A. Krekelberg, LCDR P. Nissen and CAPT H. Kibble. (Official U.S. Navy photo by A. Marechal-Workman)

ably underlined by such sentiments as: "Oh, gee, we now have women in the Navy...we'd better get women chaplains in to minister to them.

"There are a lot of young sailors — men and women just out of high school — who like coming to me because I am their mothers' age," she said, explaining that "they might

viewpoint and, according to Father Walsh, "the dimension of God's compassion."

But the one aspect that LT Krekelberg finds outstanding in the

Year of the American Indian -- 1992

A Proclamation by the President of the United States of America

Half a millennium ago, when European explorers amazed their compatriots with stories of a New World, what they actually described was a land that had long been home to America's native peoples.

In the Northeast part of this country and along the Northwest coast, generations of tribes fished and hunted; others farmed the rich soils of the Southeast and Great Plains, while nomadic tribes roamed and foraged across the Great Basin. In the arid Southwest, native peoples irrigated the desert, cultivating what land they could. Each tribe formed a thriving community with its own customs, traditions and system of social order.



The contributions that Native Americans have made to our nation's history and culture are as numerous and varied as the tribes themselves. Over the years, they have added to their ancient wealth of art and folklore a rich legacy of service and achievement.

Today, we gratefully recall Native Americans who helped the early European settlers to survive in a strange new land; we salute the Navajo Code Talkers of World War II and all those Native Americans who have distinguished themselves in service to our country; and we remember those men and women of Indian descent—such as the great athlete, Jim Thorpe and our 31st vice president, Charles Curtis—who have instilled pride in others by reaching the heights of their respective fields.

We also celebrate, with special

admiration and gratitude, another enduring legacy of Native Americans: their close attachment to the land and their exemplary stewardship of its natural resources. In virtually every realm of our national life, the contributions of America's original inhabitants and their descendants continue.

During 1992, we will honor this country's native peoples as vital participants in the history of the United States. This year gives us the opportunity to recognize the special place that Native Americans hold in our society, to affirm the right of Indian tribes to exist as sovereign entities and to seek greater mutual understanding and trust. Therefore, we gratefully salute all American Indians, expressing our support for tribal self-determination and assisting with efforts to celebrate and preserve each tribe's unique cultural heritage.

The Congress, by Public Law 102-188, has designated 1992 as the "Year of the American Indian"

and has authorized and requested the President to issue a proclamation in observance of this year.

The contributions that Native Americans have made to our nation's history and culture are as numerous and varied as the tribes themselves.

Now, therefore, I, George Bush, President of the United States of America, do hereby proclaim 1992 as the Year of the American Indian. I encourage federal, state and local government officials, interested groups and organizations and

the people of the United States to observe this year with appropriate programs, ceremonies and activities.

In witness whereof, I have hereunto set my hand this second day of March, in the year of our Lord nineteen hundred and ninety-two, and of the Independence of the United States of America the two hundred and sixteenth.

George Bush
President

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Oak Knoll Viewpoint

What are you thankful for?

HM3 Ray W. Brooks
Wellness Department

Well I'm thankful for the fact that I have a job and stable income. Also that I have the op-



portunity to further my education before I return to the civilian world. Last of all I'm thankful for all my shipmates, this Navy would be nothing without our team efforts.



Linda Fuller, CDR, MC, USN
Head, Alcohol Rehabilitation Department

My daughter, Kristin Aliana, will be three years old this Thanksgiving. I'm most thankful for her health and happiness and the great joy she's brought into my life. I'm also thankful for my health and the gift of creative thought. Professionally,

I'm thankful for the opportunity to make a positive difference in the lives of recovering people through my current assignment. In terms of the world, I'm thankful for the evolution towards peace.



HA Ronnie Mashburn
Wellness Department

I'm thankful for everything and everybody that I like (Bubble Gum and Mr. Johnson).

HM2 Carl Cascone
Alcohol Rehabilitation Department

That God allows me to wake up every-day to face ever changing challenges in life and allows me to grow



from every experience, be it good or bad, there is still a lesson to learn and be thankful for!

Cheryl Roberson
Secretary
Alcohol Rehabilitation Department



I'm thankful for God blessing me with my job, good friends and good health...I'm really thankful for President-Elect Bill Clinton. May he blossom our nation into one of equality and prosperity for all.

Happy Thanksgiving

From the chairman of the joint chiefs of staff

Happy Thanksgiving. This year, as in past years, we pause to give thanks for the many blessings that our freedom has brought us as individuals and as a nation.

The day of Thanksgiving was the first holiday celebrated by American settlers. The traditional meaning of Thanksgiving is as relevant today as it was 371 years ago. It is a time for all of us to reflect upon the values we hold dear and the legacy of freedom and prosperity we inherited from our founding fathers. Their determination still motivates us and is exemplified by you—the men and women, military and civilian, who serve with the Armed Forces of the United States.

Take time this Thanksgiving to give thanks for the infinite blessings enjoyed by our country. While conflicts and strife still abound, this year's Thanksgiving finds us hopeful and thankful for the momentous changes that have taken place in the world. The sacrifices you make as soldiers,

sailors, airmen, Marines and Coast Guardsmen are many. You serve with distinction and courage in order to guard and protect our way of life. Guided by the example of our early colonists, your selfless service, courage and loyalty have assured that the ideals of freedom and democracy prevail.

I also urge you this Thanksgiving to pause and reflect on many blessings we share and to recall the dedication of those who have gone before us.

I know that many of you are away from home, families and friends because of your selfless service to our country. You are performing an important mission, and I, as well as Americans everywhere, appreciate you—the members of the finest Armed Forces in our Nation's history.

On behalf of the joint chiefs of staff, I wish each of you and your family Happy Thanksgiving.

Gen. Colin L. Powell, USA

Patient Appointment System

To schedule and cancel all clinic appointments, call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

From the Command Senior Chief: HMCS (SW/AW) G.D. Chapman

Fifth Deck patio closure explained

There has been numerous responses in the Listening Box, by telephone and in person, as to why the patio area has been returned to its intended purpose of a psychiatric therapeutic area. With an increasing population of psychiatric patients and an active clinic on 5E seeing an increasing number of active duty and dependent patients, it is felt this area should be returned for their use.

There are a number of other minor reasons why this area has been closed. First, the staff and patients did not keep the area clean and didn't pick up after themselves. Many times the trash turned what was intended to be used as a lunch area into a dump area. The last

reason is smoking. Being a medical treatment facility we, the staff, need to set the example for our patients. Smoking is purely a dirty, filthy habit and should not be tolerated in our line of work as health care providers.

It truly shows poor judgement by the staff who, on a number of occasions, would smoke in the doorway. This caused the smoke to blow back into the building, affecting nonsmokers and patients as well. Next, the doctors do not want their patients smoking simply because smoking creates many associated health hazards.

Not really wanting to stand on a soapbox, I will, in closing, say that

the concern of many of us in this hospital is the well-being of patients and staff alike. Smoking is truly the most serious risk factor for heart disease, strokes, lung disease and other forms of cancer. Realizing that smoking is an addiction equal to being addicted to heroin, and having been a smoker for 15 years myself, I understand the problems and frustrations associated with quitting. I would like to see all tobacco users give up this habit. The hospital's program is a viable, active program that can work for you. Please make the effort to quit. It is the best thing to do for yourself, your family and your shipmates.

Red Rover

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Julieta Ramirez is Civilian of the Quarter



By Mike Meines

The recent election emphasized families. Both candidates referred to

family values throughout the campaign. Ironically, our new civilian employee of the quarter, Mrs. Julieta Ramirez, feels very strongly about her "family." She has adopted her

fellow employees as part of her extended family. It was back when Operation Desert Shield began and Mrs. Ramirez was in New York that the USNS Mercy was deployed.

"When I returned from New York, I realized that almost everyone in the department was gone with the ship. I felt like my family had left. It was more difficult for me since I was not even able to see them off," she said.

Mrs. Ramirez works in Quality Assurance at Naval Hospital Oakland with the Utilization Review Department. Her responsibilities include reviewing charts to monitor patient care activities and treatment plans based on the approved monitoring criteria. She also assists in discharge planning of patients.

She describes her work as challenging because, by reviewing and monitoring the activities of each department, it can be shown that it is possible to maintain quality care by modifying treatment plans and avoiding "wasted" hospital days.

Mrs. Ramirez began her federal

service career in August 1989, and her philosophy is simple, yet profound:

"To respect and accept each one's purpose and function in the organization, for we all share one vision, even though that vision is interpreted in different ways."

Our new civilian employee of the quarter...feels very strongly about her "family." She has adopted her fellow employees as part of her extended family

Even her future involves family.

This time, it's her immediate family. She is currently attending school with the goal of receiving her Master's Degree in Public Administration by next year. Then, after receiving the necessary certifications, she will become an administrator or consultant to a family-owned nursing care facility. The probable owners? Her two sisters and her husband.

This bundle of energy is always on the move; however, her course seems to be direct. Some distractions may force her to postpone her plans. You see, above all else, her family consists of her husband, Angelo, and two children, Angelico, 13, and Julius Angelo, 11.

In nominating her for Civilian Employee of the Quarter, CDR Michael states, "Her loyalty to the Naval Medical Corps and its mission is evident by the professional manner in which Mrs. Ramirez interacts with clinical and non-clinical personnel to help achieve the best possible patient outcomes as a result of hospitalization at this command."

Attention civilian employees

Health benefits open season is here

An open season, during which eligible federal employees may enroll or change enrollment to a new Federal Employees Health Benefits Plan, will be held Nov. 9-Dec. 14, 1992. Under open season regulations, an eligible employee who is not currently registered may enroll; and an enrolled employee may change from one plan or option to another, from self only to self and family, or any combination of these. Those employees who do not wish to make a change in current enrollment need take no action during this open season.

Distribution of open season literature will be made through administrative offices prior to Nov. 9. This year, each employee should receive a 1993 Enrollment Information Guide and Plan Comparison Chart (R.I. 70-1) containing enrollment instructions, a comparison chart of major benefits of all REHB plans and a biweekly and monthly list of premium rates for all plans.

The comparison chart in the booklet, RI 70-1, gives employees general descriptions of the benefits of each plan available. It can also be used to com-

pare benefits among the plans. However, since RI 70-1 contains only a general description of plan benefits, do not rely solely on this booklet when deciding to enroll in or change enrollment to another plan. It is also important to remember that only you can decide which plan is best for you and your family.

If, after examining the comparison chart included in RI 70-1 and having attended the Open Season Health Fair on Nov. 18, you decide that you are interested in enrolling in or changing to a particular plan, consult the brochure of the plan for a complete description of benefits. Brochures will be available for your inspection at the Human Resources Site Office, Bldg. 131. However, due to the limited quantity available, brochures must be returned after you have reviewed them.

Point of contact for Federal Employee Health Benefits Plan, is Personnel Assistant Roberta Moore. She is located in NAVHOSP Oakland's Human Resources Site Office (formerly Civilian Personnel) in Building 131, and can be reached at (510) 633-6372.



CAPT H. A. Speir, MSC, USN (third from left) sits with officers of NAVHOSP Oakland's Federal Managers Association, Chapter 238. As guest speaker of last month's FMA meeting, he outlines the benefits of the principles of Total Quality Leadership, explaining to the membership how those principles can facilitate improvement in the management of their units. FMA officers shown from left are: Secretary, computer specialist at the command's Information Department, Andra Zamacona; president, Bertha Paul, who is utilization review coordinator for the Quality Assessment/Improvement Unit and vice president, Herb Queller, head of the hospital's Biochemical Communication Center. (Official U.S. Navy photo by A. Marechal-Workman)

Health care, physical therapy and life in Romania

By LCDR Robert Sellin, MSC

What is health care like in Romania? Is it a lesson in sadness as portrayed on American television? The answer is unequivocally no. But I wouldn't have believed that answer my first day in Romania. As the plane landed in Bucharest, rain was pelting down on melting snow and the entire landscape was a collage of mud, ice and cement. The runway was guarded by soldiers with AK-47's and apparently bad attitudes. Customs and security were intimidating and I had the sinking feeling that I had made a terrible mistake. Once I cleared customs I was met by two people who would soon be like brothers to

me; Bucharest began to shine in spite of the thick layer of dust that covered the city.

With every person I met I began to see and feel the story that had not been covered by the sensational Romanian exposes on T.V. The story of people who care deeply for each other and for the hundreds of children left in orphanages. This is the legacy of three decades under a malignant dictator's rule. As I tried to find words to explain the emotion Romanians feel toward their friends and their patients, I recalled my first meetings with Daniel, an orthopedic surgery patient at Marie Curie Children's Hospital.

I was very surprised to find out that eight-year-old Daniel was the son of one of the pediatric sur-

geons, Dr. Catano. As I worked with Daniel, Dr. Catano entered the room and I saw Daniel's face light up as he called to his papa. The two embraced as only a father and son could (I thought) and spoke in animated Romanian for a number of minutes before Dr. Catano began a detailed follow-up examination on his surgical patient.

Daniel has no father. Daniel was an orphan brought to Marie Curie Hospital for surgery. He quickly adopted his surgeon as a surrogate father. This relationship was typical of the doctor/patient interactions I observed in the two hospitals and three orphanages in which I worked.

It is of no surprise for an orphan boy to identify with a male

figure and role model like Dr. Catano, but it was surprising to see the love genuinely reciprocated. Unfortunately, efficient health care depends on more than love and a few individuals' technical skill. It requires a team of dedicated people involved with providing health care services.

Prior to the "Revolution" in December 1989 there was a strict ban on all literature, including medical journals, from the West. This ban not only hurt the professional growth of the clinicians, it also stopped the development of administrative and ancillary services within the hospitals.

Now many individual health care providers are studying and traveling abroad. They are quickly

expanding their clinical skills. Yet, when they return home, they meet the frustration of not having the necessary support staff that we in the West take for granted. In addition, their equipment is generally outdated and routine supplies are virtually nonexistent. This lack of material goods is made up for by the skill and empathy of many of the health care workers.

The profession of physical therapy as we know it does not exist in Romania. The "physiotherapists" are educated in a trade school of sorts to do specific modalities. Similarly there is another group of technicians trained in "water therapy". A third group of pro-

See Romania, page 8

Wellness Council health fair is huge success at NAV

Wellness Council personnel outdid themselves with the health fair they organized for the benefit of NAVHOSP Oakland's, its tenant commands' and satellite branch clinics' beneficiaries. Held on Oct. 30, its chief architects were LCDR Richard Burton, MC, head of the Preventive Medicine Department and HM2 Angelo Boholst, LPO for Health Promotion. Logistics were handled by the department's LCPO, HMC Crispin Romeo.

Health issues were the order of the day, said HM2 Boholst, "with 40 health issues addressed, including pastoral care, self management, stress management, computerized health risk appraisal" and more.

There were 40 tables manned by experts from various NAVHOSP Oakland's depart-

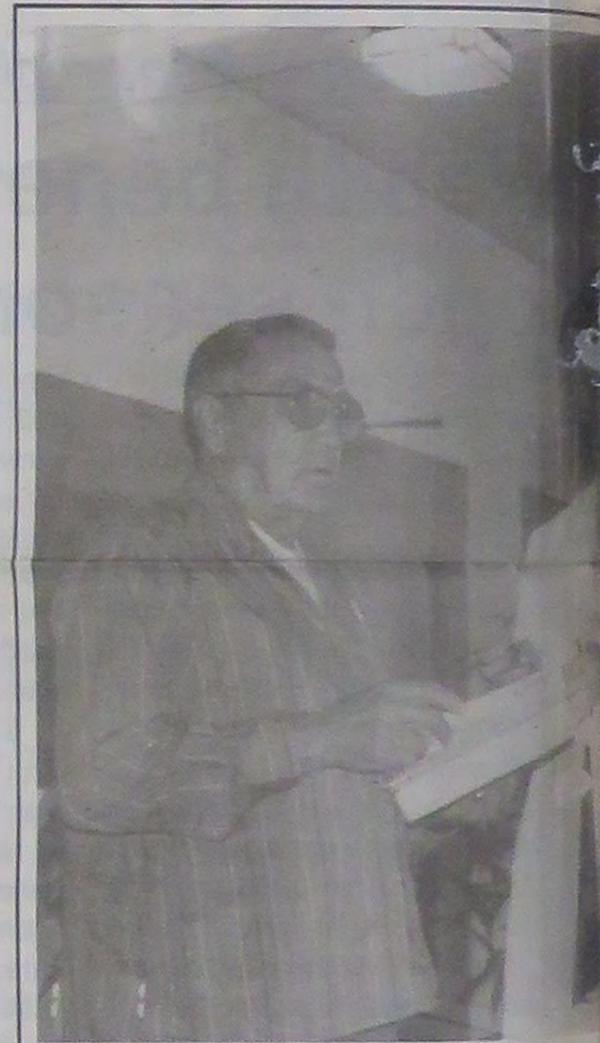


Occupational Health nurse, Jeanine Clark, (left) works on an intricate point of safety with HM1 Edgar Ednacott of the Safety Department. They manned a joint Safety/Occupational Health booth.



HN Tracy Turner put final touches on her table for visitors

Photographs by MM2 John K. Dziki and courtesy of HM2 Angelo Boholst



Harry Shogren (left), a patient who quit smoking, and Patient Educators Aggie Freeman.



(From left) Lab technicians Opal Sellars and HM2 Nelson Delacruz participating in a donor program.

HOSP Oakland

ments and civilian agencies ready to answer questions and disseminate information, handouts and posters. "The fair was a great success," said HM2 Bolholst—a success which, according to LCDR Burton "wouldn't have been possible without the unanimous support of the many departments within this hospital."

800 visitors

The Wellness Council reported that over 800 visitors came to the fair, leaving it a little bit wiser about today's health care concerns and what to do about them.

Individuals interested in participating in the next health fair, or who need more information, should contact the Preventive Medicine Department. Point of contact is HM2 Bolholst, who can be reached at (510) 633-6485.



Surgical instruments display from the Main Operating Room.



years, points to a section of a book on smoking and Kaye Rosso listen.

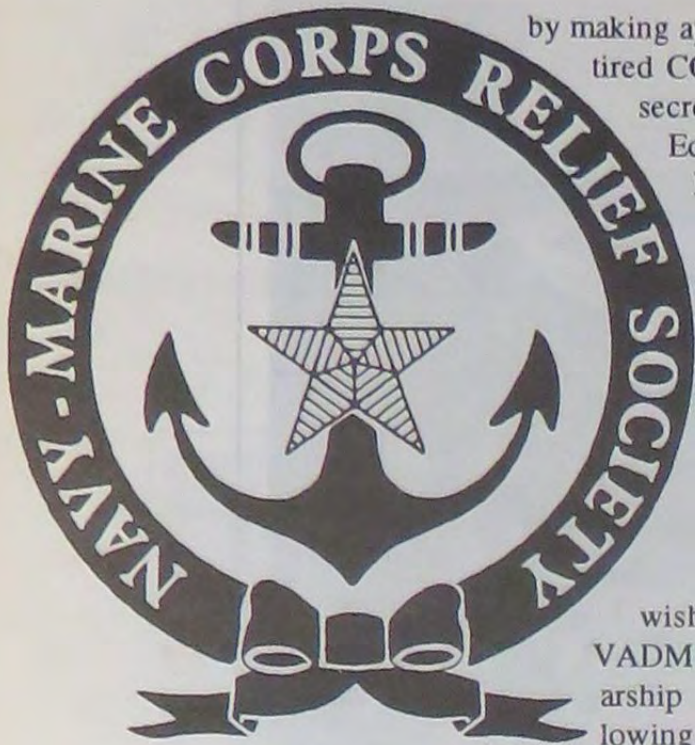


LT Jeffrey Young (right) explains the mysteries of Occupational Health/Immunization to a group of visitors



ood of Immuno chemistry discuss the hospital's blood laboratory Department

NMCRS can help you get a college degree



by making application," said retired COL. Ken Robinson, secretary and director of Education Programs at NMCRS.

Eligibility for the VADM E.P. Travers Scholarship

Students who wish to apply for the VADM E.P. Travers Scholarship must meet the following requirements:

1. Be the dependent son or daughter of an active-duty member of the U.S. Navy or Marine Corps and possess a valid dependent's Uniform Services Identification and Privilege Card.
2. Be enrolled full-time or accepted for full-time enrollment at a post-secondary undergraduate or technical/vocational institution accredited by the U.S. Department of Education.
3. Have a cumulative grade point average (GPA) of 2.0 or better, as measured on a 4.0 scale.

When to apply

Initial application for academic year 1992-94 will be accepted Jan. 1, 1993, and must be postmarked no later than March 13, 1993. Families are encouraged to apply as soon as possible, because any follow-up documentation must be received by April 15, 1993.

Other education loan programs are available.

In addition to the Travers scholarship, the application process can determine applicant eligibility for

other federal (and some school and state-based) financial aid that may include additional scholarships and grants. For instance, eligibility for an Interest-Free Parent Loan is automatically established for a student who is eligible to apply for a grant under the scholarship program. The parent is under no obligation to actually apply for a loan and can indicate preference on the scholarship application form.

The society also sponsors two other federal loan programs: the low-interest Stafford Loan for students and the PLUS Loan for parents. Processed through the society, these loans are made by commercial lenders and are insured by a guarantee agency. Applicants must meet federal eligibility requirements. Financial need, the amount loaned and repayment terms are based on federal program policies. Interest rates are set by the federal government and are subject to change.

It is advantageous to apply for these loans through NMCRS because the society locates a lender for the applicant, provides someone to resolve problems in acquiring the loan and pays the administrative fee charged by the lender, thereby saving the applicant a fee as high as 3 percent of the loan.

For more information on these and other relief program, visit your nearest NMCRS office, call (703) 696-4904 (Autovon 226-4904), or write to: Navy-Marine Corps Relief Society, Education Programs, 801 North Randolph Street, Arlington, Va., 22203-1978.

(Editor's Note: Point of contact for NAVHOSP Oakland's command personnel is NMCRS office at Alameda Naval Air Station, (510) 769-1717)

(Courtesy of Navy-Marine Corps Relief Society.)

WASHINGTON (NES)...More than 400 children of active-duty sailors and Marines are attending college this fall, thanks in part to two new continuing education financial aid programs offered by the Navy-Marine Corps Relief Society (NMCRS). Based on an evaluation of financial need, the VADM E.P. Travers Scholarship Program provides grants of \$2,000 per academic year. NMCRS processed 620 applications for the Travers scholarships. Although the society approved 288 loans, only 62 have been awarded. Most approved loan recipients have failed to provide all of the information required to process their loans. These two programs are capable of providing financial assistance to more than 2,000 students. Initial applications for the 1993-94 academic year will be available from your nearest NMCRS office or headquarters in mid-November 1992.

"We're delighted to be able to help the hundreds of students in the initial year of this financial aid program, and hope that in the years ahead, as this program gains visibility, more students will benefit

ATTENTION ALL HANDS!

Media relations guidance

Recently, the nation's media has focused on the Navy for several reasons. Locally, the Public Affairs Office has been queried for permission to come on board NAVHOSP Oakland's compound to speak to sailors about the news items. Since these incidents do not have a direct impact upon this command or its personnel, these requests have been denied. The more tenacious reporters then resort to approaching sailors off the compound.

Please remember that when in uniform, or when you are identified as a sailor, you represent the entire United States Navy. If you are contacted by the media for any reason, please contact the Public Affairs Office for guidance. Point of contact is the public affairs officer, Mike Meines, who represents NAVHOSP Oakland, its tenant commands and branch medical clinics. He can be reached at (510) 633-6146.

Quality Assurance

Green phrases (words and phrases customers want to hear)

Yes!
May I help you, please?
What can I do for you?
I'll be glad to help.
I apologize.
Thank you for calling.
I am sorry.
Is there anything ELSE I can do to help you?
I know exactly how to solve your problem.
Yes, we have it!
How many would you like?
I will find someone to help you.
Don't worry.
I promise I will get back to you by _____.
I am very glad we could be of service.
Thank you!

(Can you suggest other green words and phrases?)

Red phrases (Words and phrases customers do not want to hear)

No!
Can you hold, please.
I can't help you.
We won't do that.
That's not my job.
It's against our policy.
I am new here and...
We're out of those.
I'll transfer you.
There's nothing I can do.
I'd love to help, but...
I'm too busy.
You've mistaken me for someone who actually gives a damn.

(Can you suggest other red words and phrases?)

USO scholarship is waiting for you

WASHINGTON (NES)...Family members of active-duty military personnel who have graduated from high school within the last four years can apply for a scholarship program sponsored by the United Service Organizations (USO) and made possible by an endowment from a corporate sponsor.

There are 25 \$1,000 scholarships to be awarded to college-bound students on the basis of their scholastic records, test scores and extracurricular activities. Applicants are required to submit a narrative outlining their activities, especially those that highlight leadership, teamwork and dedication.

Applications are available through the USO and must be completed and returned to USO World Headquarters by March 1, 1993. Recipients will be announced in May 1993. For an application and further details on the program, visit your local USO or write to: USO World Headquarters, USO Scholarship Program, 601 Indiana Ave., N.W., Washington, D. C., 20004.

Factors affecting your plate and your pocket book: DOD changes in food service charges



By LT Teresa Priboth, MSC, USN

The two topics nearest and dearest to most people's hearts relate to their pocketbook and their dinner plate. Changes in DOD-established prices and Navy reimbursement procedures are affecting both of these areas.

First, meal prices and surcharge rates. Those rates charged to non-

enlisted persons eating in the dining room are established by the assistant secretary of defense comptroller, based on annual reports of mess operating costs submitted by all branches of the armed forces. Meals sold in general messes (dining facilities) are at a base price that reflects only the cost of the raw food contained in the meals. When

was established to recover the non-food (labor and overhead) operating costs in dining rooms from officer and civilian personnel authorized meals. These prices, which are updated every fiscal year, are standardized throughout the armed forces and are mandated by law. The chart below

foodservice in the NAVHOSP Oakland dining facility involves Navy-wide changes which are reducing the amount being reimbursed to Medical Food Management Department by the



Department of Defense Mandated Price Increases

Meals	DISCOUNTED RATE (Non-Surcharge)		FULL RATE (Surcharge)	
	Children Under 12	All Authorized Personnel	Children Under 12	All Authorized Personnel
Breakfast	.50	.95	1.60	3.25
Lunch	.95	1.90	3.25	6.45
Dinner	.95	1.90	3.25	6.45

prescribed, a surcharge is added to the price of a meal purchased from the dining facility. The surcharge

indicates prices charged to various categories of personnel.

Another factor affecting

Navy Food Service Systems Office for each meal served. In order to keep cost-cutting menu changes

to a minimum, yet live within new funding levels, we have had to restrict seconds on entrees. The Food Management Department plans to institute some program changes in this fiscal year to better control costs while maintaining or improving services. Your patience is appreciated during these changes. Comments or suggestions are welcome, as always, via the satisfaction surveys available in the Dining Room or a visit to the Food Management Department office. Point of contact for questions or suggestions is Lt. T. Priboth MSC, USN, Food Management Department head, at 633-6235.

Dental Corner

The Truth About Brushing

By LT Peter Kono, DC, USNR

Frequently asked questions in the dental office include, "Hey Doc, what toothpaste should I use?"; "What toothbrush is best to use?" The answers offer more than meets the eye. First, why is there a need to brush and floss? The main purpose is to remove plaque and any other foreign matter which is located on the teeth and in the mouth. Plaque harbors bacteria and its toxins which cause gingivitis and periodontitis resulting in gingival recession, pocket formation, attachment loss and ultimately tooth loss. Tarter, or calculus, is plaque that has mineralized and can only be removed with specialized dental instruments by the hygienist or dentist, not the patient. Tarter in itself does not cause a problem, but rather acts as a trap for plaque accumulation.

Any toothpaste is fine as long as it has fluoride and the ADA seal of approval. The toothpaste acts as a lubricant for the teeth for brushing and a carrier for fluoride and abra-

sives. This aids in cleaning the teeth. The paste, along with the mechanical action of brushing and abrasives, remove not only plaque but also a minute amount of tooth structure. Toot pastes are given an Abrasive Index according to its abrasive properties. As an example, baking soda and salt have a higher index value that removes more tooth structure per brushing period than the regular toothpastes. Fluoride in the paste reacts with the exposed areas to form a more resistant barrier against decay and bacterial toxins. The enamel of the teeth are made of crystals called prisms that require fluoride to harden. Dental enamel is attacked by the acids that are produced by the bacteria caused by the foods ingested. This, in turn, causes decalcification spots which become prone to the development of cavities. Fluoride also seals the tubules from exposed root surfaces to lessen their sensitivity, a shocking sensation when brushing is done.

A soft bristled toothbrush is the preferred choice. The soft bristles are more effective for cleaning the teeth and not as detrimental to the

Brushing removes approximately 40-50% of the plaque present, but there is the other 60% to worry about.

gums or the teeth. It is the mechanical action of the brush that removes the plaque. The soft bristles have the ability to hold the abrasives from the toothpaste in a given area better than those of hard bristles brushes.

The soft bristles also have more flexibility to adapt to the teeth to work in the toothpaste. Brushing should be done with the bristles directed at a 45 degree angle to the gum line. Then the bristles are gently flared and with a small back and forward motion, the brush is brought towards the chewing or biting surface. This is done throughout the mouth on both the cheek and tongue side. For the front teeth, bottom and

top, the tongue side can be brought forward. The tongue should be brushed because it is also a plaque trap. This is the coating that is seen of the surface.

Brushing removes approximately 40-50% of the plaque present, but there is the other 60% to worry about. Usually, this is found in between the teeth where the brush cannot reach. Brushing alone is ineffective plaque control. Flossing then becomes very important because it can get in between the teeth and help remove the remaining plaque and various debris. However, it can have an adverse effect if done improperly. Too many pa-

tients floss with a sawing motion which over a period of time will create a slot in the tooth or create a cut in the gums. The floss should gently be placed between the teeth and wrapped around the corners of the tooth. The floss is then worked up and down to remove plaque.

There are other teeth cleaning products sold commercially that aid in dental care. Rubber tips, tooth picks, water picks, etc. aid in circumferential removal of plaque from the teeth for gingival health and caries control, but are not designed to replace brushing and flossing. Mouth rinses, depending on what brand, does not remove plaque to any great extent, but it does kill some of the bacteria associated with plaque. It is recommended that rinses with the ADA seal of approval be used as adjuncts.

Proper brushing and flossing are effective if the pockets around the teeth are 3mm or less. If pockets are deeper than 3mm, effective cleaning cannot be accomplished unless done by a professional. Regular dental exams on or at least 3-6 month intervals can determine status of gingival and dental health.

More help for education

TROA increases educational interest-free loans to \$2,000

To further assist sons and daughters of members of the uniformed services in obtaining a college degree, The Retired Officers Association (TROA) has increased its Educational Assistance Program to provide \$2,000 annual, no-interest loans. The loans, increased by \$500 over the last two years, are awarded for up to five years of undergraduate study to unmarried undergraduate students, under the age of 24, who are dependent children of active, reserve, and retired service personnel and their

widows(ers).

This current school year, 700 students were awarded loans, totaling over one million dollars.

From this group, based upon their academic records, participation in extracurricular and community activities, 142 students received special \$500 grants in addition to the loans. All those who were awarded loans were automatically considered for the grants.

The TROA assistance Program established in 1948 for the sons and daughters of re-

..The Retired Officers Association has increased its Educational Assistance Program to provide \$2,000 annual, no interest loans...

tired officers and their widows, has expanded to include the children of active duty, reserve, National Guard and retired officers, warrant officers and non-commissioned officers of the

Army, Navy, Air Force, Marine Corps, Coast Guard, U. S. Public Health Service and National Oceanic and Atmospheric Administration. Since this program was initiated, over

3,600 students have received interest-free loans, totaling more than \$9 million.

Educational Assistance applications for the 1993-94 school year will be available after Nov. 1, 1992. Applications should be requested by Feb. 15, 1993, and the completed application must be post marked on or before March 1, 1993. For applications and more information, write to TROA Educational Assistance Program Administrator (09D), 201 N. Washington St., Alexandria, VA 22314-2539

Plus and Minus



By Mike Meines

The greatest gift that a person will receive in their lifetime is a clothes washer and dryer. That's it. Plain and simple. Don't be asking for a Porsche or a trip to the Bahamas. Hold out for the washer/dryer.

I have a natural comeback for those friends of yours that are always saying...

"I love apartment living...no mowing the lawn, raking the leaves, anything that needs repairing, the landlord takes care of it."

Look them right in the eye and ask, "Yeah, but where do you do

your laundry?"

If it sound like I am speaking from experience ...you're right!

I have been an apartment dweller for several years. My first experience with a laundromat (derived from the French word laundro, meaning "being very large is being first" and the word mat meaning "being first rules everything") was in Massachusetts. I was 28 years old. I had run out of money and therefore clothes. Prior to that, when my clothes were dirty, I threw them in the hamper. When the hamper was full, I bought new clothes and a new hamper.

I rented a U-haul truck and after obtaining the necessary license for the 18-wheeler, I headed for the local laundromat.

After some deliberation with myself, I determined which of the machines were washers and which were dryers. (HINT: Dryer do not require water).

Then, I proceeded to stuff the machines. Some little old lady was watching me from the corner.

"Sonny, don't you separate the colors?"

"No. Do you realize how many machines we're talking about? Why, I have green shirts, blue ones, red ones, yellow...."

"Not every single color, idiot. The lighter from the darker."

"Oh yeah...where does mauve fit in?"

"I'd throw it in the pile that has the socks with the shoe stretcher in them."

"There's nothing in those socks..."

Anyway, that little old lady taught me how to get my clothes clean, how much soap to use, when to put in the bleach and one thousand other things that are important to first echelon clothes maintenance. One of the greatest things she taught me was to pick out a laundromat that is next to a tavern.

Now that rule is very important if you don't have a laundry facility located right in the apartment complex. If you do, there is a whole new set of rules. People who lived in this type of complex prior to joining the Navy, thought boot camp was a piece of cake. For that matter...parasailing behind a Boeing 747 would be simpler.

Your first experience with one of these hummers will probably be a rude awakening. The "laundry facilities" are usually located in an unoccupied apartment that has been declared "absolutely unfit for people to walk by" by the Department of Health.

The number of washers and dryers can easily be determined prior to arriving at the "laundry facilities."

Plus and Minus personals:

Carole: I'm over here.

Mary Barnes: Congratulations.

HMCS(SW/AW) Chapman: Thanks for your help.

CAPT Speir: Unsaturated?

LT Nierman: I'll call soon — promise.

Mom: Carole's fine. Porky's fine. Mikey's fine.

Simply divide the number of occupied apartments by 28. If you want to figure out how many machines are operable...take that number and divide by seven. I have figured out that my second career is going to be an "OUT OF ORDER" sign painter for apartment buildings.

If you believe that simply paying rent on your apartment gives you some kind of eligibility for use of these machines...think again. The rules are generally chiselled into the wall.

RULES

1. This Laundry is open from 8 a. m. until 9 p. m. Any clothes found around the area other than these hours will be confiscated or prosecuted to the fullest extent of the law.

2. Bleach is not permitted in the dryers.

3. It is normal for washers to "dance" during the spin cycle. Anyone who fires a weapon in an attempt "to put it out of its misery" will be prosecuted.

4. Fifty-five pairs of jeans is the current record for one washer load. Do not attempt to set a new one.

5. If you found my rent check, please return to Apt #35.

The sweet little lady who lives in Apt #3 came in and gave me a smile and asked if I was through. I glanced down at her shotgun and said, "Later, Baby!"

Annual Christmas concert coming soon

SAN FRANCISCO, CA — Commander Naval Base San Francisco and the Commanding Officer Naval Station Treasure Island are currently planning their sixth annual Christmas concert. This year's event, scheduled for Wednesday, Dec. 9, is entitled, "A Family Holiday Christmas."

The Navy Band San Francisco is once again headlining the concert, as well as a special treat from a neighborhood school. The concert will be held at Basilone Theater on Treasure Island at 7 p.m.

The program consists of numerous traditional Christmas songs. Warm holiday attire is encouraged, as the concert concludes with a Yule Log sing-along outside the theater.

All Bay Area military are invited and urged to bring their families and guests. As in the past, people attending the concert are being asked to bring canned food that will be shared with those less fortunate during this season. For further information, please contact the Naval Base Public Affairs Office at (415) 395-3928 or AV 475-3928.

Romania...from page 3

professionals are the professors of kinesiotherapy and sport. These individuals are highly trained in body movement and exercise and well trained in anatomy.

Unfortunately, under the Causescu regime, training of Romanian citizens as professors of kinesiotherapy and sport was banned 15 years ago. So the professors practicing today have had little opportunity to upgrade their education or skill level. With the recent changes in Romania many of the best of these specialists have begun to study abroad or have been trained by other specialists within their own country.

I can't emphasize enough the skill and talents this unique group of people possess. As I watched one of the professors working with children, using only her hands and her wits, it became clear to me that we could learn much from the Romanian "physical therapists."

It was a singular experience to teach classes with these professors. It took two or three encounters to really get people to speak freely. But, once we started communicating openly I was amazed to see the depths of their dedication and skill. From smuggled copies of journal articles and word of mouth many of the professors had followed the changes in modern physical therapy, but were hesitant to demonstrate skills, learned from a book, that they had never seen in practice. They should not have hesitated for a moment.

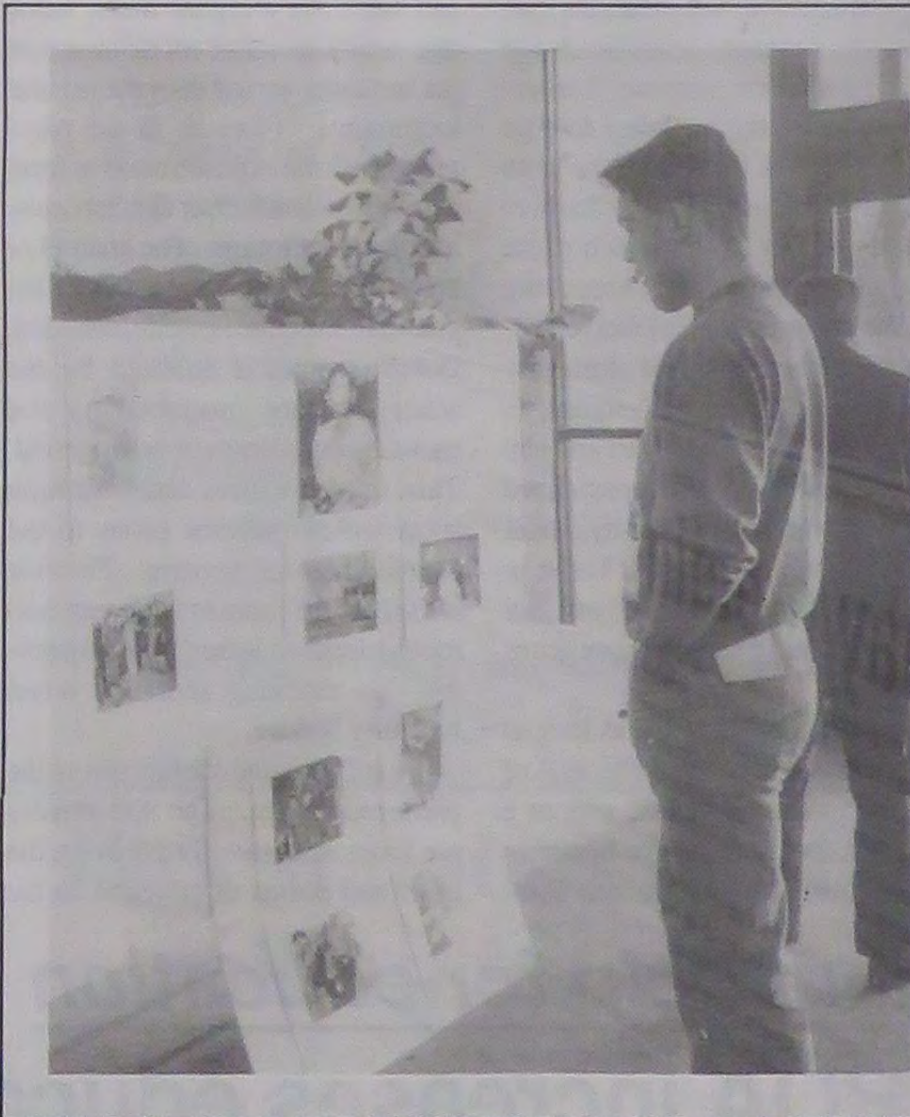
When you, as teacher, realize that your "students" know as much or more about your subject than you do, there is a moment of truth. From that moment on, we all became students as well as teachers. Although their methods for mobilizing joints and doing various therapeutic procedures differed from what I had learned, the techniques were clinically sound. This outstanding group of people had learned many of today's skills without the biases that are built into the teacher/student relationship. If we could tap into their knowledge before too many of us so-called "teachers" alter their approaches, we might all become better health care practitioners.

I wish I could say that all the health care workers I encountered were as inspiring as the professor of sport that I have referred to above. The work atmosphere, in a strictly socialist environment, is very different from a free enterprise venture. With little incentive for increased professional growth, many workers were used to only putting in their time and going home.

Laissez-faire

The only way to overcome this laissez-faire attitude would be to provide professional incentive and stimulate personal pride in a job well done. The primary goal of physical therapy education from Westerners in Romania today should be to rekindle pride in physical therapy professionals. If the people I worked with are representative of health care professionals in general, the rekindling will take very little effort.

A warning is necessary. Do not be deceived by the foreboding architecture that dominates Bucharest, or the serious demeanor on most peoples' faces. Within the dark buildings and the somber looks are hearts of gold and smiles that are felt deep within the soul and readily shared with those who care to look for them.



A sailor off duty pays silent homage to veterans of five wars as he studies the display prepared by the Public Affairs Office in honor of Veterans day. (Official U.S. Navy photo by A. Marechal-Workman)

Chaplain Corpsfrom page 1

visitations," she said. "QA has helped us to track, to see that the things we are trying to do are actually working...an increase in worship services..."

Chaplain Krekelberg was sure that QA would help in the case of her predicted decrease of one billet in her department. "There's no need to re-invent the wheel," she quipped, "and QA will help us to focus on what it is we need to do instead of spinning our wheels."

Happy birthday Navy Chaplain Corps!

See your history displayed

The Public Affairs Department welcomes the loan of interesting Navy historical artifacts (newspaper clips, scrapbooks, photographs, vintage uniforms, etc) for use in a display located in the lobby of NAVHOSP Oakland's main hospital. Anyone who owns such items and would like to see them displayed, please contact the hospital's community relations coordinator, Andree Marechal-Workman, at (510) 633-6683.



Merry Christmas and a Happy New Year



The Red Rover

The Navy's first commissioned hospital ship

Vol. 4 No. 17

Naval Hospital Oakland, California

December, 18 1992

Hospital medics join the Marines

In support of Operation Restore Hope, 15 medical personnel from NAVHOSP Oakland departed December 8, for Camp Pendleton in San Diego. From Camp Pendleton they will soon leave for Somalia to provide medical services to U.S. Marines scheduled to deploy to Somalia over the next few weeks. The medical personnel consisted of three doctors, one nurse and 11 corpsmen.

If anyone would like to write to the personnel that have departed, the address is as follows:

Rank/Name, USN

Attn: Alpha/Bravo company or

H+S Det (if company unknown)

First Medical Battalion

UIC: 42318, Box 86

FPO AP 96610-0086

(Limit on incoming mail is 11 oz.)



HN Bryan and Lynn Mucica's 8 month-old daughter.



A final hug for LT Curtis Anderson from his wife Malinka.



Departing medical team, back row left to right: HM3 Darrel Pace, HN Clifford Fauchaux, HN Jose Ramires, HM3 Timothy Silvey, CDR Greg Heise, HN Bryan Mucica, LCDR David Adkison, and LT Curtis Anderson. Front row left to right: HN Patrick Gorslene, HM3 Nicole Welch, HM1 Danette Wheller, HM3 Cynthia Nacht, LT Pamela Trahan. Posing with the departing medical team is NHO's Commanding Officer, RADM William A. Buckendorf.



RADM William A. Buckendorf gives a final few words of advice to HM3 Timothy Silvey and LT Pamela Trahan.

Holiday greetings from the XO

Christmas trees are decorated with tinsel and Chanuka candles are lit to celebrate the holiday season. In the malls, children sit on Santa's lap and whisper their secret wishes. Moms and dads wrap presents by the dozen, folding and unfolding, transforming those ordinary boxes into magical bright toys...wrapping...wrapping...as the holidays draw nearer.

As most of the Western world wraps holiday presents, we wrap up a very good year at Naval Hospital Oakland. It started in January, first with the opening of a brand new, state-of-the-art, branch medical clinic at Treasure Island, followed by the inspector general granting a passing grade to the command. In July, the hospital celebrated its 50th Golden Jubilee with much fanfare, bringing old

friends and former employees who started it all back to Oak Knoll to participate in the commemoration ceremonies.

1992 was indeed a very busy, productive year. We had over 1,000 births.

One significant milestone was the brand new cardio thoracic surgery program that provides unique possibilities for new heart procedures — percutaneous transluminal coronary angioplasty (PTCA, or balloon dilation of blocked arteries), a procedure that replaces certain types of bypasses. Close to 100 PTCAs were performed in addition to nearly 130 bypass procedures since the opening of the program in July.

Another "first" was the acquisition, by the Nephrology Department, of a new type of hemodialysis

machine that reduces the dialysis process by nearly two hours.

Our personnel were also in the forefront this year: among others, two resident urologists who won top honors in national and regional research competitions and Millie Turner, an American Cancer Society volunteer at NAVHOSP Oakland, who was honored in the television special "For Those Who Care" on Dec. 5th.

Finally, we made significant strides in TQL. We provided awareness training for 359 staff members; trained another 58 in the role and development of team leadership and 25 more as advanced facilitators. We also chartered three Process Action Teams (PATs). One of those is examining delinquent inpatient medical records; another is investigating safety deficiency

follow ups and a third is exploring the enlisted check-in process.

The Command's annual Christmas party was held on Dec. 12. I can't help but wish that its spirit will stretch far into the New Year.

However, as we approach the holiday season, I worry about those statistics on alcohol-drug-related accidents that are reaching alarming proportions. Many of you will be going on leave to spend time with your families and friends...at times driving long distances in hazardous weather. So, please, be careful and remember that alcohol, drugs and gas don't mix. I want to see all of you hale and hearty in 1993, and feel dutybound to add caution to my greetings.

I hope the holiday season will be a happy occasion for all of you. Be merry, be happy but, please,

heed the statistics and act accordingly. Come back rested and refreshed, ready to begin our next 50 years with enthusiasm. Our patients have come to expect the best from us. They deserve nothing less.

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December is Drunk and Drugged Driving Prevention Month

Oak Knoll Viewpoint



Do you believe in Santa Claus?



ABH2 Margret Arriola
Director of Financial
Management Secretary
Sure I do.



Lt. Julian Lalvan
Head Fiscal Department
Yeah, when I was
younger, around six years-
old, I did.

Ira Jean Anderson
Supervisory Budget
Analyst



Of course I do, everybody
does.



Stan Jones
Accounting
Technician

Yeah, of course. As a
matter of fact I spoke to
him last night.



LCDR Robert J. Engelhart
Director of Financial
Management

Sure. I believe in the
spirit of Christmas.

From the Command Senior Chief

I am writing this column to task each and everyone of you to enjoy the holidays. Be safe and try to help those in need. If you are traveling by car or plane, take your time and be sensitive to the many others in the same situation. It seems as if every year the weather turns bad, airports close and leave people in frustrating situations. Tempers flare and dumb things happen. Please do not become a statistic.

I am sure most of you are looking forward to many parties and the chance to socialize with loved ones and close friends. Please, do not drink and drive. Ask yourself these



G. D. Chapman

questions: Am I driving? Do I have a designated driver? Am I driving for others? The roads

turn slick with rain, snow or ice and all your faculties must be able to respond instantly, with no hesitation. I truly want all of you back safe and sound to start a bright new year.

For those who stay behind, the reduced staff and patient workload will give you increased time off — giving you more time to dwell on the thought of being with a friend or, in some cases, alone. I emphasize "alone" because, at this time of year, depression has the potential to increase three-fold. Please, stay in contact with your friends and, if you note any changes in personalities, let someone in your chain of command know immediately. That way, if help is needed, they can receive it as soon as possible.

Not wanting to ramble on, I wish you all a very Merry Christmas and a Happy New Year. I look forward to working with all of you in the New Year.

Listening Box

Recently the command received two questions about a statement in the POD regarding music being played too loud in privately-owned vehicles on base and a strong message about tickets and the California Vehicle Code (CVC) 27007. The questions were as follows:

* What is exactly stated in the CVC 27007?

The code states, "no driver of a vehicle shall operate or permit the operation of any sound amplification system that can be heard outside the vehicle from 50 feet or more. Everyone is reminded that, while the CVC states "50 feet or more," this command is a hospital, and in respect for our patients, should be treated as a quiet zone. Excessive noise can be disruptive to the patients.

* On base, who gets to make these decisions and what guidelines shall this person follow?

On this base as on any military installation, the commanding officer assumes full responsibility for the Morale, Welfare and Safety of all patients, staff and visitors. Decisions are based on applicable federal, military, state and command laws, regulations, policies and instructions. As stated above, this is a hospital quiet zone, and the comfort of our patients may guide the decision. If the music is loud enough to be heard inside this building with the windows closed, it is too loud.

S/ RADM William A. Buckendorf

ATTENTION ALL HANDS!

Media relations guidance

Recently, the nation's media has focused on the Navy for several reasons. Locally, the Public Affairs Office has been queried for permission to come on board NAVHOSP Oakland's compound to speak to sailors about the news items. Since these incidents do not have a direct impact upon this command or its personnel, these requests have been denied. The more tenacious reporters then resort to approaching sailors off the compound.

Please remember that when in uniform, or when you are identified as a sailor, you represent the entire United States Navy. If you are contacted by the media for any reason, please contact the Public Affairs Office for guidance. Point of contact is the public affairs officer, Mike Meines, who represents NAVHOSP Oakland, its tenant commands and branch medical clinics. He can be reached at (510) 633-6146.

Patient Appointment System

To schedule and cancel all clinic appointments,
call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

Red Rover

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Executive Officer

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Public Affairs Officer

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JO2 Stephen Brown
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LaRell Lee
MM2 John Dziki

HM3 David Brown is Sailor of the Month

By Andree
Marechal-Workman



HM3 David Brown

HM3 David Brown, who said he learned wisdom at his grandfather's knee, cites his recruiter, his "first chief," his former squadron medical officer and his "masonic background" as strong forces that influenced his Navy career. He is NAVHOSP Oakland's November Sailor of the Month. This is the second time in eight months he has been the Sailor of the Month. He was selected in the E3 category in April 1992, and again in November, after he was promoted to hospital corpsman third class.

"I was raised by my grandparents," he said, explaining that being associated with older

people kept him from the influence of his peers. He added that his deceased grandfather, LCDR Maurice Bellamy, Supply Corps, USN (Ret.), had been

in the Navy for about 24 years.

According to his division officer, LT Gregory Simpkins, MC, HM3 Brown is leading petty officer for the orthopedic surgery clinic, on 7W, "expertly supervising the 17 junior corpsmen assigned to the ward," a job which the lieutenant says is "normally held by hospital corpsman second class or greater."

Among the reasons for nominating him, LT Simpkins cites his involvement with social activities on and off the base; for example, his volunteering to serve as a member of the Command Bachelor Enlisted Quarters Advisory Board, and his off duty work with orphaned children through his association with the Prince Hall Masons.

The native of Minneapolis,

Minn. never had second thoughts after joining the Navy in 1988, and his first tour aboard the USS Fife (DD-991) in Yokosuka, Japan, is what stands

Not only is he now a full-fledged corpsman, he's also well on his way up the career ladder.

out as the factor that motivated his choice of the Navy medical field. "I was undesignated when I was assigned to the USS Curts [FFG-38] after boot camp," he said, clarifying the latter was deployed at the time, so he was sent TAD to the USS Fife, where he stayed until he entered the Naval School of Health Sci-

ences, San Diego Detachment, at Oak Knoll.

"My squadron medical officer, LT (later LCDR) Francis McGuigan, MC, influenced me to come to Corps School," HM3 Brown said. "I learned everything about being a corpsman from him and from HMC [now HMCS] Alfonso Miciano, who also taught me the ways of 'the old Navy'. I knew nothing about giving a shot, I knew nothing about medical records..."

But it didn't take HM3 Brown long to learn the way of Navy Medicine. He's already taken the exam for 2nd class and said he has no doubt that he will pass. "I want to advance in the Navy," he said with conviction, "and my ultimate goal is to become a chief petty officer."

December is drunk driving prevention month

By Andree Marechal-
Workman

As we approach the holiday season the high incidence of alcohol related accidents has been alarming and will continue to rise. In 1991, there were 37 driving related fatalities in the Pacific Fleet. Twenty-three, or 62%, of these involved alcohol. Some states have recently lowered their legal intoxication levels from .10 to .08 blood alcohol content. This shows a genuine interest by state agencies to eradicate a problem which is not only in the private sector, but affects military active-duty population as well.

offered on base to both military and civilians.

* **Strong DUI/DWI (driving under the influence/driving while intoxicated) policy and collaboration with civilian law enforcement agencies.**

* **Morale Welfare Recreation constraints on alcohol sales/server training.**

* **Policy to include soft drinks at official functions.**

* **Changes in chief petty officers' initiation ceremonies.**

* **Policy to serve food when alcohol is sold.**

"Of all these activities, NADSAP is by far the most productive," HMC Cassel said, explaining that the class earns two college credits for those who attend, "something that look good on their brag sheets, (evaluations), as well as a chance to wear civilian clothes for the week. "Essentially, we take them (the students) out of their jobs and provide them with a setting where they have to make an honest appraisal of their drinking habits and see how alcohol has impacted their lives," HMC Cassel continued.

The DAPA said that, although the class takes care of the State-mandated driver improvement requirement, free of charge, for those who have been charged with a DUI, he highly recommends this awareness training as a preventive method to avoid that fateful conviction. "They should go to any length to avoid the DUI," he said, "enumerating the effects the conviction carries with it — suspension of driver's license on and off base, increase in insurance rate and Captain's Mast for convicted DUIs with publicized sentences in the POD. "Not only does it adversely affect their lives and careers, most of all it gives a negative image of the U.S. Navy."

Since the holiday period has historically shown the highest rate of DWI/DUI involvement, the DAPA also reminds NAVHOSP Oakland sailors of two preventive measures that are available to them: (1) The OOD's desk will send a duty driver to rescue intoxicated service members who call (510)

	Total death	Alcohol related	Total injury	Alcohol related
Four wheel motor vehicle	85/29	29/11	304/79	82/20
Motorcycles	11/04	04/03	173/75	24/12

633-5440; (2) Club Knoll has instigated a "designated driver program," whereby, according to Assistant Club Manager Cindy Hudson, the designated driver is provided with free soft drinks.

It is the Navy's goal to have

a mishap-free holiday season. Let's make an all hands effort at work and at home to drink in moderation, to drink responsibly and, if help is needed, to take advantage of the prevention programs offered by the command. Increased awareness now will

pay large dividends in terms of lives saved and will set the stage for more prevention of drunk driving throughout the new year.

Best wishes for a very happy, healthy and spirit-free holiday season!

This theme is not a new concept at Naval Hospital Oakland.

The following table emanating from Commander-in-Chief's (CINCPACFLT) General Administration Department provides a break-down of Navy military motor vehicle deaths and injuries to date for the period Jan. - Sept. 1992.

Expanding on the concept of Awareness Week observed for the past 11 years, and in order to halt this destructive death march, the month of December has been designated as National Drunk and Drugged Driving Prevention Month (3D Month). The theme for this year's 3D Month campaign is "Let's take a stand. Friends don't let friends drive drunk."

This theme is not a new concept at Naval Hospital Oakland. In fact, according to HMC Douglas H. Cassel, the command's Drug Alcohol Program Advisor (DAPA), it harks back to 1970, when, in an effort at deglamorizing alcohol and drug consumption, NAVHOSP Oakland instigated a number of Navy-mandated initiatives. Among those are:

* **Navy Alcohol Drug Safety Action Program (NADSAP)—a one-week class**

1992 Christmas tree lighting



The donors of NAVHOSP Oakland's 1992 Christmas tree, Carlo Rovetta, Richard Ratto and Joe Ratto of the Veteran's Hospital Christmas Tree Fund, stand before it with HMCS Gary Chapman, Command Senior Chief, CAPT Nole Hyde, Executive Officer and RADM William A. Buckendorf, Commanding Officer.



RADM William A. Buckendorf carols along during the Christmas tree lighting ceremony.

Great American Smokeout

By LaRell Lee

On Dec. 2, NAVHOSP Oakland's commanding officer, RADM William A. Buckendorf hit the six-month mark for being tobacco-free. Although he lacked six months to qualify as one of the command's 225 success stories (a person isn't considered a total success until he/she has been smoke-free for one year), he is to be congratulated because of his positive role model for the troops.

"The admiral quit smoking July 2. He's our most successful ex-



On display were a non-smokers lung, a smokers lung and a cancerous lung.



Kaye Rosso, an American Cancer Society (ACS) volunteer, presents RADM Buckendorf, with an award in recognition of his efforts in setting policies which will lead NAVHOSP Oakland to being a smoke-free workplace by 1993. Present during the ceremony are (from left to right) LCDR Richard Burton, Preventative Medicine Department Head, Aggie Freeman, Patient Educator, Priscilla Banks, of the Alameda County ACS, CAPT David Moyer, Internal Medicine Department, and Sheryl Kramer, Director of ACS Cancer Control.

ample," said LCDR Richard Burton, MSC, head of the hospital's Preventive Medicine Department, when discussing the American Cancer Society-initiated "Great American Smokeout."

During the smokeout program, which falls on the third Thursday of November, smokers are encouraged to stop smoking for at least one day. In recognition of the event, on Nov. 19, NAVHOSP Oakland's honored graduates of the smoking cessation program and displayed information about the program in the lobby of the hospital, at both the main and the Emergency entrances.

While in the lobby I met two petty officers who had started to quit smoking that very day, HM3 Ralph Brooks and STS2 Reuben Gibson. I also met FR Chris Goodman who had been "smoke-free" for exactly five months, one week and three days. Along with Helen Keltner, he was awarded a pin by Patient Educator Aggie Freeman for being smoke-free for a minimum of 90 days.

Keltner, who is a retiree family member, was a smoker for 50 years. "My six children are very happy that I quit...I wouldn't let them down!"

Both Keltner and Goodman are

graduates of a smoking cessation program called "Fresh Start Plus" that is offered at NAVHOSP Oakland. "Fresh Start Plus" is a peer education program sponsored by the American Cancer Society.

Breaking the dependency of tobacco, staying tobacco-free forever and planning ahead for weight and stress management are three goals that the program tries to accomplish.

Point of contact for more information about the NAVHOSP Oakland's smoking cessation program is Aggie Freeman, RN. She can be reached at her voice phone, (510) 801-5545.

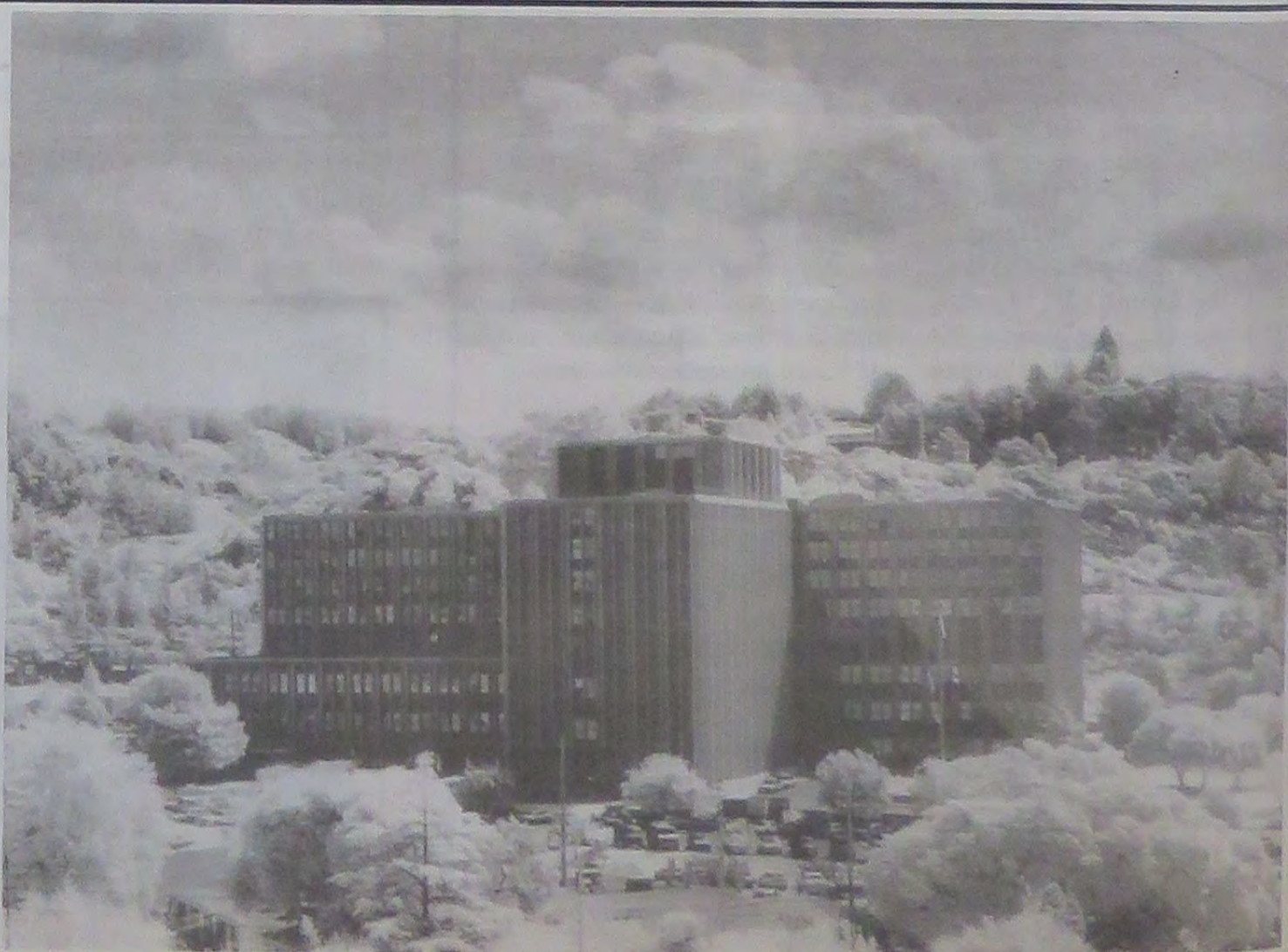


HM3 Ralph Brooks and STS2 Reuben Gibson made the decision to quit smoking on November 19, 1992.



Aggie Freeman congratulates Helen Keltner (a graduate of the program) for being a success.

Infra-red rendition of Naval Hospital Oakland by HM2 James K. Sandridge.

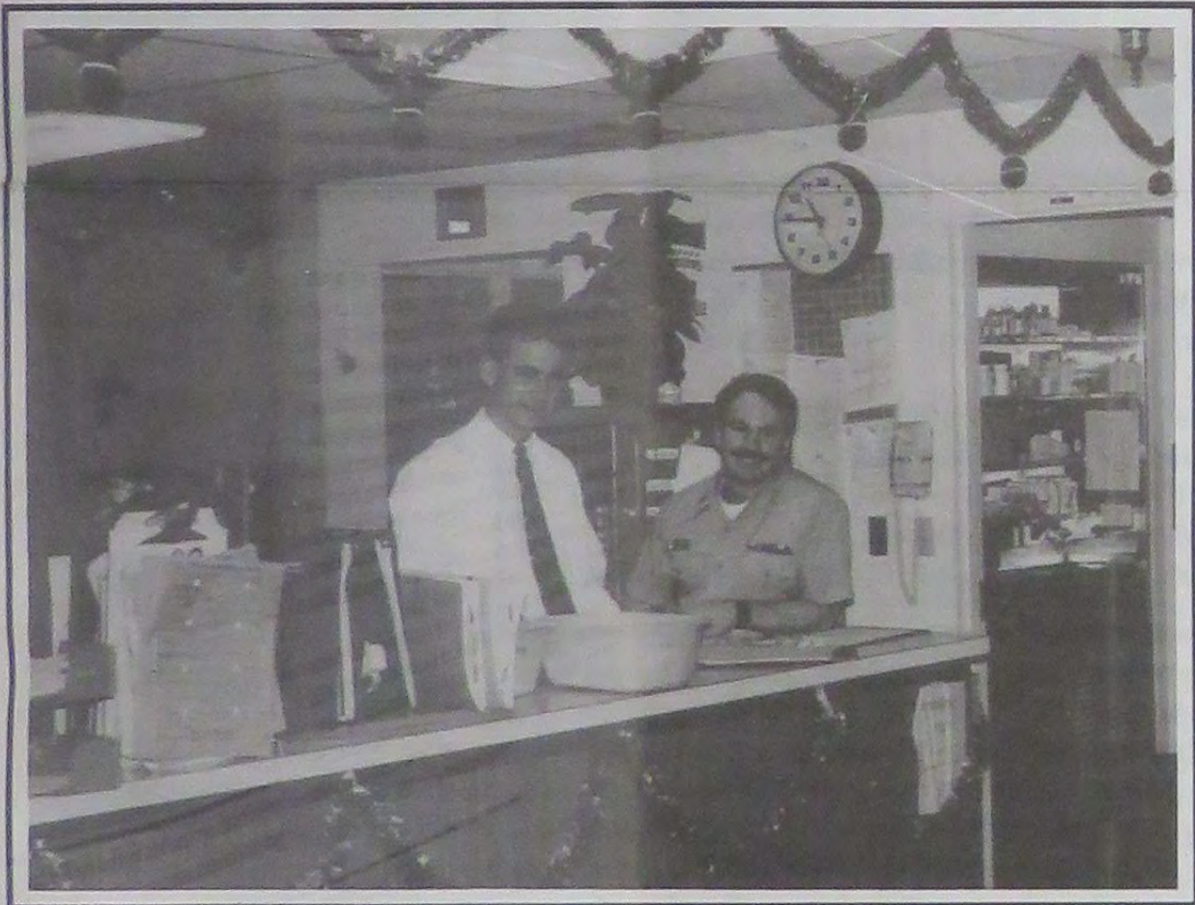




Seasons Greetings



HN Jason Fox, HM3 Aquiles Faustino and HMC Terrence Lerma are putting on the final touches on Naval School of Health Science's Christmas tree. (Official U.S. Navy photos by MM2 John Dziki)



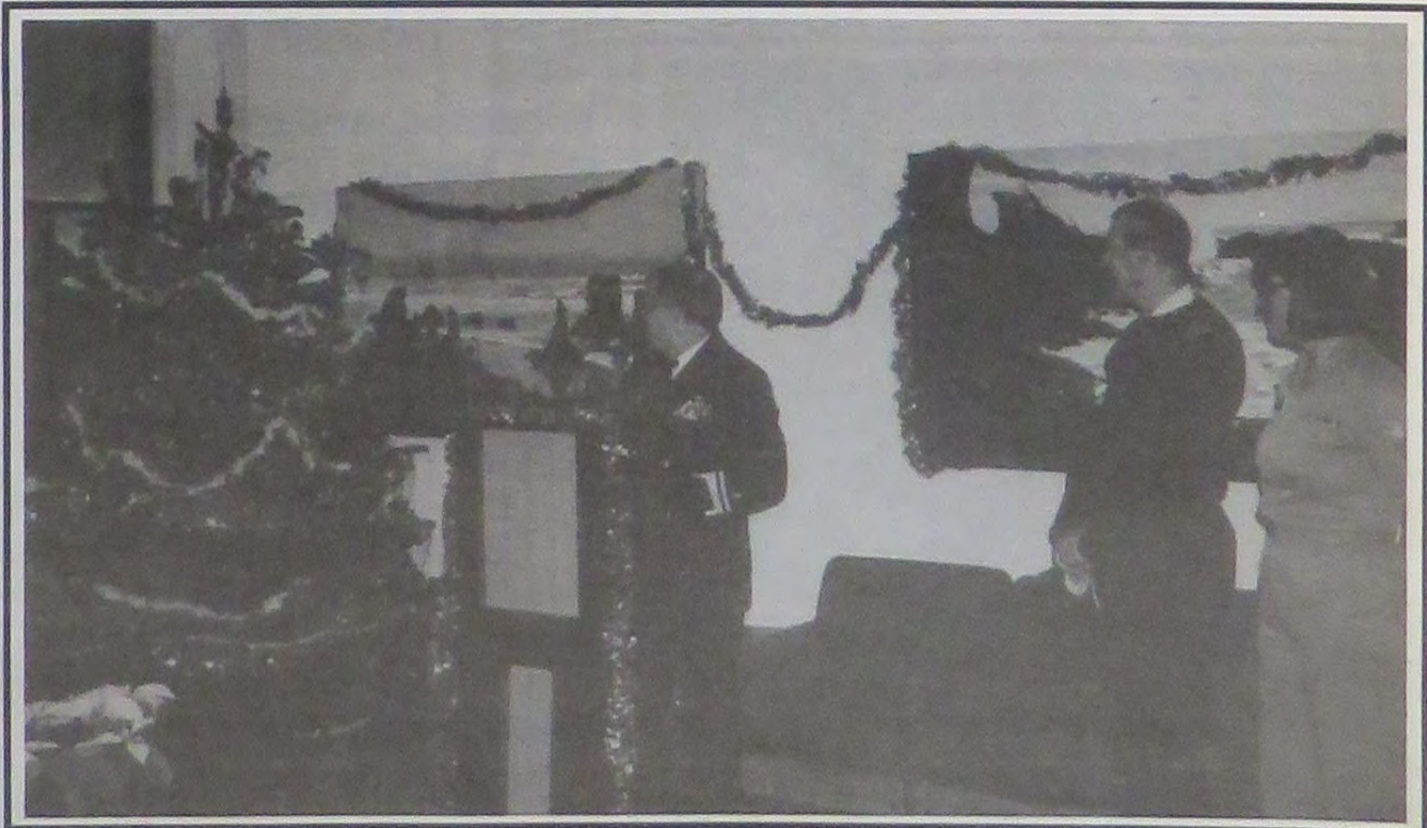
Seasons greetings from LT Mark Copenhaver and Dr. Todd Olsen, M.D. of 6-West



Happy holidays from WO1 Melissa Busbee and Francene Henderson of 7-East Pediatrics.



Santa Claus checks a Christmas fax from someone at NHO.



Commanding Officer, RADM William A. Buckendorf lights NAVHOSP Oakland's 1992 Christmas tree as LT Francis Walsh and LT Anne Krekelberg look on.

Happy Birthday Hospital Ship Red Rover

By Andree
Marechal-Workman

Dec. 26 marks 130th anniversary of the commissioning of the Civil War hospital ship, Red Rover — the

ship that provided the inspiration for the name of our command newspaper.

According to Navy historical records, the Red Rover was the marvel of her time — a genuine floating

palace for the wounded.

"She's decided to be the most complete thing of the time that ever floated and is [in] every way a decided success," wrote Capt. Wise, assistant quartermaster of the Red

Rover in 1862. "She has bathrooms, laundry, elevator for the sick from the lower to upper deck, amputating room, nine different waterclosets, gauze blinds to the window to keep the cinders and smoke from annoying the sick, two separate kitchens for the sick and well, a regular corps of nurses...." And, unlike contemporary hospital ships, "she was armed with a 32-pound gun," according to Navy Ships History records.

Red Rover was built in Port Girardeau, Mo. in 1859. The origin of its name is unknown; however, a popular nautical tale about the American Revolutionary War entitled "Red Rover" provides an important source of speculation. Written by James Fenimore Cooper in 1827, the novel draws upon seafaring folklore, and concerns a friendly buccaneer — someone Warren S. Walker calls "...a hero villain...an American revolutionary born several decades too soon."

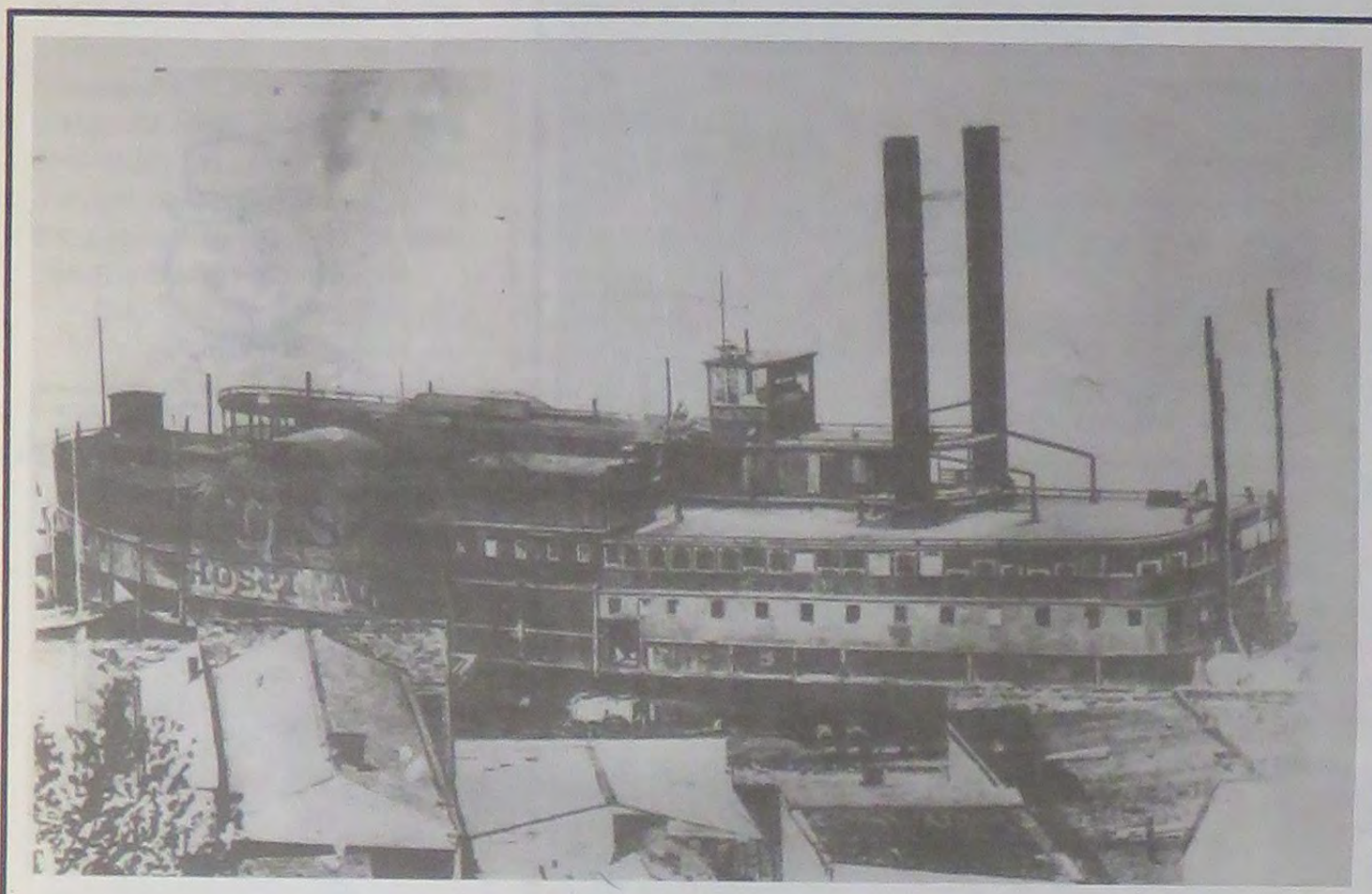
According to Walker, at the time, "...American readers responded readily to tales of buccaneering for

the subject had become entwined with the history and legend of the new nation." How tempting it is, then, to see the builder of the Red Rover as a patriot — as Cooper's fervent admirer, who named his ship in homage to a contemporary hero.

After its capture from the Confederacy, Red Rover was transformed into a fully equipped medical facility and attached to the Navy, the Red Rover is gone but she is not forgotten. She lives on in the consciousness of the men and women of the U.S. Navy who know her history. She may live on in American literature; in English children folklore and the Red Rover tug of war chant.

But, most of all, she lives on in the pages of Naval Hospital Oakland's base newspaper, our own Red Rover.

(Editor's Note: Reference for James Fenimore Cooper's novel is, J. Fenimore Cooper, Red Rover, (Tales of the Sea), University of Nebraska Press, 1963. (Library of Congress Catalog #63-14695), with "Introduction" by Warren S. Walker.)



Chaplains Corner

Self-sacrifices will be rewarded

By LCDR Peter Nissen, CHC

During a dark, stormy night, with the wind blowing in all directions, an elderly man and his wife were desperately seeking a room for the night. It was a busy tourist season and nothing was available. Wet and tired they walked up to the desk of a small hotel in Philadelphia. Half in apology the man asked: "Can you possibly give us a room? All the big hotels are filled." "Every room is taken sir," replied the clerk, "but I will not send you out in the rain at one o'clock in the morning. Tell you what: you can sleep in my room." "But where will you sleep?" asked the older couple. "Oh, I'll make out," replied the young clerk, "don't worry about me."

The next morning as the guest paid the bill, he told the young man who had given up his room: "You are

the kind of manager that should be the boss of the best hotel in the United States. Maybe some day I will build one for you." The clerk laughed and thought the man was just joking!

A couple of years later the clerk received a letter. In this letter there was a round trip ticket to New York. There was a note from the guest of that stormy night asking the clerk to meet him in the big city. The old man led the young man to the corner of 5th Ave. and 34th St. Pointing to a towering new building, the old gentleman declared: "There is the hotel that I have built for you to manage."

Almost speechless, the young man, George C. Boldt, stammered his thanks. His benefactor was William Waldorf Astoria. The hotel was the largest and most elaborate of its day. It was the original hotel that we know as the Waldorf Astoria.

Here is a striking proof of God's

Religious Services

Catholic Mass	Mon-Fri Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

call to us. Any self-sacrifice on our part will be rewarded. Maybe we will not have a reward such as the young clerk in this life, but we will be rewarded, everlastingly, in the life of the world to come.

All of us have needs. We must

take care of ourselves but we must also reach out to others with the same concern we have for ourselves. This is the season of giving and light, so let us endeavor to spread thoughtful concern to those around us. All around us there are people who need our

love and help. There is a young school boy whose father is an alcoholic. That teenage girl who is confuse about the meaning of life and is experimenting with drugs. A poor mother who is trying to eke out a living on a single-parent salary. Finally, a middle-aged man who is changing his career and facing future uncertainty.

We must care about people. Why? Because God cares. He wants us to see the needs of others and seek to love and help them. Demonstrating this love for others is the real proof of our love for God.

In this season of giving, let's remember all of us can benefit and grow in service. Find out for yourselves how true the words of the Lord are to us. The words that tell us any self-sacrifice will be reward it. Only you can discover yourself. God will never let you down.

In Memoriam



Friends and and colleagues of CDR Margaret (Peggy) Nash, NC, Ret. filled St. Anne's Catholic Church in Walnut Creek on Dec. 9 to pay tribute to this galant and dedicated former Navy Nurse Corps WWII POW, who died at her home in Rossmoor, Calif., on Thanksgiving Day. She was the subject of a lead article in The Red Rover's Sept. 11, 1992 issue (Vol. 4 No. 13), and will be sorely missed by several generations of Navy nurses.



Continuing Medical Education

The following courses are among those available for continuing medical education outside Naval Hospital Oakland. Title, date and location of courses are included. All are held in San Mateo, Calif.

* Defusing Assaultive Behavior, Jan 5 and Feb 12, 1993. Credit: 6.0

* Central Service Technician Certification Review Course, Jan 23 through May 22, 1993.

* ACLS Provider and Renewal/BLS-C Provider Renewal, Jan 8, 12 and 28 and Feb 1, 1993. Credit: 16.0 for provider and 6.0 for renewal.

* Death and Dying, Jan 13, 1993. Credit: 6.0

* Assertiveness Training for Health Care Providers, Jan 14 1993. Credit: 6.0

* 12 Lead EKG Interpretation, Jan 15, 1993. Credit: 6.0

* Level II Nursery Nurse, Jan 19, 20, 26, 27 and Feb 2 and 3, 1993. Credit: 30.0

* Basic Life Support Instructor, Jan 21, 1993. Credit: 6.0

* Basic Life Support-C for Health Care Professionals, Jan 22 and Feb 16, 1993. Credit: 6.0

* Critical Care Nursing, Feb 3, 4, 10, 11, 18, 25 and March 10, 11, 17, 24, 1993. Credits vary from 6.0 to 30.0

For further information about these courses (including fees) contact Tina Comier in the Command Education Department at (510) 633-6238.

Also available are the following:

* Intermediate Navy Leader Development (INAVLEAD) Course 930454

The INAVLEAD Course 93035 will be held in San Diego, March 8-19, 1993. This course is for medical department officers serving as department heads or in other supervisory positions, 04 and below. Competencies will be taught using experiential learning to illustrate skills leading to outstanding performance. Funding is with

the individuals commands.

* Strategic Medical Readiness Contingency Course (SMRCC) 93015

The SMRCC 93015 course will be conducted in Bethesda, March 8-19, 1993. This course is for senior medical department officers holding or ordered to top management billets related to operational medicine. Emphasis will be on the development of skills needed to meet operational support and, in particular, contingency planning; familiarization with the complex socio-political environment; with current Department of Defense policy, strategy and practices and a working knowledge of Navy operational support planning. Participants in SMRCC must hold a secret clearance. Funding and contract quarters are provided by HSETC.

Nominations must be submitted to the Command Education Department no later than Jan 4 1993 for processing.

For more information or a list of nomination requirements, contact HMI Santos or Joan Silva at (510) 633-5257/5264.

Oak Knoll Briefs

The command senior chief and the career counselor have moved into the old Safety Offices, on the third deck, next to the Navy Exchange. Their phone numbers remain the same—CSC: 633-5324 and CCC: 633-8290. Stop by and check out their new location.

Veteran Benefit Act of 1992 (Public Law 102-568) authorizes an additional \$100,000 of Servicemans Group Life Insurance (SGLI) coverage for all eligible active and reserve members effective Dec. 1, 1992. Significant changes to Veterans Group Life Insurance (VGLI) and Dependency and Indemnity Compensation (DIC) were also made by this act.

* **SGLI:** All eligible members covered under the existing SGLI rates may voluntarily elect to increase their coverage to a maximum of \$200,000, without proof of good health, during the "Open Season" period, from Dec. 1, 1992 through March 31 1993. Members may elect a higher level of coverage in any even multiple of 10,000, up to the maximum of

200,000, at the same premium rate now in effect: \$.80 per month for every 10,000, or \$16 per month for \$200,000 coverage. Members who decide to increase after March 31st will be required to provide proof of good health. Members who increase their SGLI coverage must complete a new SGLV-8286 (November 1992 version) indicating the level of coverage desired. A locally reproduced photocopy or a copy made from a facsimile transmission is acceptable for the initial coverage increase; however, the new form must be filled out, upon local availability, no later than March 31, 1993. Interim forms are available now at the Military Personnel Department.

All interested personnel are advised to visit MILPERS immediately in insure timely increase in their SGLI coverage. MILPERS points of contact are HMC Johnnie Coleman or DKC Reynaldo Canales: Commercial (510) 633-6018/6541; Autovon 828-6018/6541.

* **Veterans Group Life Insurance (VGLI).** Effective Dec. 1, 1992, members separating from active duty may elect VGLI up to

the level of SGLI coverage in force at the time of separation, including the new higher level (\$200,000) that became available Dec. 1, 1992. The VGLI will be renewable in five-year terms, with the option to convert to a commercial policy at the end of each five-year period, or renew the VGLI option. Information concerning VGLI can be obtained through any Veterans Affairs (VA) office in the country.

* **Dependency and Indemnity compensation (DIC).** Rates of DIC have been revised as of Jan. 1, 1993. This program covers payments made to surviving spouses or dependents of personnel or veterans who die in the line of duty while on active duty or active duty for training. Rates to be paid have been changed and depends on the paygrade of the sponsor. Like the VGLI, this program is administered by the Department of Veterans Affairs (VA).

Items of Interest: The SGLI provides coverage for only 120 days after discharge or retirement for active duty.

FSC programs at NAVSTA Treasure Island

Each month, FSC Naval Station Treasure Island (NAVSTA) FMC Treasure Island offers seminars, workshops and other events for service members and their families. Some are held on specific dates, others are on-going programs. Two of the latter are listed below:

* Children's story hour is held every Wednesday at NAVSTA T.I. Service Development Center from 3:45 to 4:30 p.m. The program is sponsored by the American Red Cross.

* Pre-separation briefing also takes place every Wednesday on the third deck of Building 367, 9 a.m. to 12 noon. Service members who attend the briefing will learn about everything they're thinking about as they prepare to leave active duty. This three-hour presentation answers some of the most commonly asked questions, such as, "how do I apply for the Reserve Program? How do I ship my household goods? Am I entitled to Unemployed Insurance Compensation? How do I file travel claims and more.

There's also a monthly Self

Help and Resource Exchange (SHARE) food exchange program open to everyone that provides wholesome, well-balanced food packages at a minimal cost of \$13.00 plus two hours of volunteer service. December registration deadline was Dec. 7th, and the next one is but a phone call away to FSC.

All seminars/workshops meet in FSC's Building 257, unless otherwise indicated. Call (415) 395-5176/89 or Autovon 475-5176/89 to register for all programs or for more information.

Family Service Center Alameda offers a variety of programs

* It's About Time!

Time is of the essence... This is a workshop that will assist the single sailor, married military person and spouses to make time count in ways that matter most to you. The workshop will address time wasters, time-saving tips, timely reminders and time spending tips. It's About Time! Join us on Tuesday, Jan 12, 6:30-8:30 p.m.

* Ombudsman Basic I

Basic I training will cover OPNAV Instruction 1750.1C, Navy Marine Corps Relief, Family Service Center, CHAMPUS, Delta Dental, Budgeting, Communication and more. Remember all spouses of CO's, XO's, Chaplains and CMC are encouraged to attend. Call by Jan 20 to attend. Saturday, Jan 23, 9 a.m.-3 p.m.

* Ombudsman Basic II

Basic II training will cover Spouse Employment, Navy Protocol, Procedures in Crisis Intervention, and much, much more. Call by Jan 27 to attend. Saturday, Jan 30, 9 a.m.-3 p.m.

* Ombudsman Advance Training

January will be a professional development course designed to assist in the separation of personal and professional bias. Must be registered by Jan 6. Saturday, Jan 9, 9 a.m.-3 p.m.

* New Parent Series

Alameda FSC, Branch Medical Clinic Alameda, Navy Marine Corp Relief Society, NAVCARE, and Naval Hospital Oakland have joined talents to present a New Parents Series. The first class, "Babies, Bottles, Bibs and You" will be on Wednesday, Jan. 13, 1993 6:30-8:30 p.m. at the Alameda Family Service Center. Every Wednesday evening through March 3, 1993 will cover a different topic including "The Amazing Newborn," "Getting Back in Shape," "Intimacy and Sex after Children," "Bay Area Bargains for Baby," "Child Safety and Emergency Care," "Care of the Sick Child," and "Growing Pains." These entertaining and informative seminars are presented by the Bay Area's best and are free of charge. Vouchers to cover child care costs will be given to those who require them.

* Positive Living

Positive Living Group is a dedicated group of individuals trying to establish better lifestyle choices, through various activities and group projects. Speakers are featured on various topics. Join this winning team. The Positive Living Group meets on the third Thursday of each month, Jan 21 6:30-8 p.m.

* Relationship Enhancement

Couples often believe that good relating happens naturally, but then discover in the routines of daily life that they have not been adequately prepared to meet the challenges of an intense ongoing connection. In this 3-part workshop we will focus on the nature and requirements of healthy relationships and aim at helping couples gain growth and support. Mondays, Jan 25, 7-9:30 p.m.

* Is Stress Your Enemy? On the Job or at Home

Fatigue, anxiety, anger and depression are common feelings when we are stressed. This workshop will help you learn to identify and deal with the stressors in your life. Wednesday, Jan 13, 9 a.m.-4 p.m.

* Supersitter Training

Earn you Supersitter's certification card during these series of classes. Topics include safety, child growth and development, feeding and changing infants and more. Must be age 12 or older by class date. Beginning Monday, Jan 25 through Wednesday, Feb 3, 3:30-5 p.m.

* Ups and Downs of Ins and Outs

Short separations can be harder than long deployments. Here is a chance to get together and discuss the adjustments and readjustments necessary to cope with short deployments and work-ups. Come and enjoy good conversation, coffee and dessert. Thursday, Jan 28, 6:30-8 p.m.

* Yours, Mine and Ours...Issues Involved in Combining Families

Combining families is happening more and more and presents a big challenge to all family members involved. This program is geared to helping the parents and address some of the relevant issues and explore ways of dealing with the complexity. Wednesday, Jan 13, 6:30-9:30 p.m.

For more information or to register for workshops call (510) 263-3146.

Plus and Minus



By Mike Meines

Don't you just love the holiday season? There is so many things to do and EAT! It's a memory creating time. I have many memories of holidays past. Some good, some not so good and some I've forgotten completely.

Used to be a law (I think) that Christmas stuff was not to be displayed until after Thanksgiving. Now there are Christmas stores open all year long. Santa Claus makes an appearance in the Fourth of July parade.

I agonize over what to buy for the people that are close to me. I've never been really good at this part of Christmas. Carole, on the other hand, is fantastic. She always manages to purchase the best presents for everyone...especially me. It's sickening. I don't know how she does it. I've tried to fight this dilemma with several fool-proof plans.

"Hey, hon. Let's pool our money together and buy an expensive gift for the two of us. That way, we can get each other something nice and cut down on the shopping time."

"O.K., Michael. How about a new VCR?"

"Yeah. Great!"

So, then we go out and purchase this VCR and naturally set it up immediately. It's November. I

figure I'm safe. My children are older so I send them an easy present...money. It's November and I'm done shopping!

Christmas rolls around and I get up to find several presents under the tree and my stocking is stuffed with goodies. Every gift under the tree is for me. Next to my stocking is Carole's. Limp. It looks like I bought her air for Christmas.

So I try a different tactic.

"O.K., let's set a limit on what we can spend for Christmas. No more than \$100. Agreed?"

"O.K., Michael."

I went to a department store and bought her a sixteenth of an ounce of perfume that came to \$93.70 and several candy bars for her stocking. Done. Right at the limit.

Christmas rolls around and I get up to find the same amount of presents under the tree and my stocking stuffed with goodies. No way she stayed with in the limit.

"Hey...we had a limit, remember? I know this stuff costs way more than the limit."

"Well, some of it doesn't count 'cause I didn't buy it for Christmas."

"What does that mean?"

"Remember when you told me you liked that jacket last February?"

"Yeah."

"Well, I bought it."

"You bought it and then held it until now?"

"Yes."

I hate that. As soon as I buy it, I want to give it to her to prove that I am a shopping guy extraordinaire. That's why I don't go shopping until Christmas Eve. Along with about 56,000 other males. Glassy eyed, totally stressed out males. Some guys are really good at this but I was born without a great gift bone. My gift bone produces mediocre to tacky presents.

I've run out of plans. This year I've decided to go it alone. To brave those crazy crowds, rude clerks and plastic shopping malls and buy her a present that I hope she likes.

The problem is...I only know about guy things. I could buy her a top of the line fishing pole...or a bowling ball...or some great golf equipment...tools...you know, guy

stuff.

The pressure is on. Once a year, I have to pretend that I know what I'm doing. There are a lot of rules. I found out the hard way that a vacuum cleaner is no good. Pots and pans are a no-no. A small ladder so that she can reach those hard places when she dusts...not!

Lingerie? Nah. I'm too embarrassed to go in those places.

Oh well, I better get started...wish me luck...

"Later, Baby!"

PERSONALS

JO1 Lorentz: Come home. Right now.

MM2 Dziki: How about Cole Morgan??

Doug MaKitten: Thanks for the Tasty Kakes.

Bob Cookson: The Navy...just for you.

Randy Ortega: Thanks for the comment.

Mom: I'm not IN the Navy...I just work for them.

TSP Open Season for civilian employees

Open Season for the Thrift Savings Plan is from Nov. 15, 1992 to Jan. 31, 1993. During that time, eligible civilian employees will have a chance to start or change contributions to their retirement account. They will also have a chance to change the way their future payroll contributions are invested in the three TSP funds, the G Fund (Government Securities Investment; the C Fund (Common Stock Index Investment) and the F Fund (Fixed Income Index Investment).

The annual total rates of return (before expenses) for the securities in which those funds are invested are shown in the table below:

Year	G Fund Securities	S&P 500 Stock Index	SLBA Bond Index
1982	13.56%	21.09%	32.62%
1983	11.61%	22.36%	8.35%
1984	13.13%	6.12%	15.15%
1985	11.33%	32.02%	22.11%
1986	8.29%	18.55%	15.26%
1987	8.73%	5.23%	2.76%
1988	9.19%	16.83%	7.89%
1989	9.01%	31.53%	14.53%
1990	8.97%	-3.18%	8.96%
1991	8.26%	30.57%	16.00%
1982-1991 average annual rate	10.19%	17.53%	14.09%

Permanent NAVHOSP Oakland's civilian employees who haven't received TSP Season Updates, or those who need additional information, should contact Roberta Moore at (510) 633-6372. We should like to point out, however, that participant statements will not reach those who have not submitted a correct address to the TSP record keeper. Anyone who has moved, or who think his/her address is incorrect, should contact Roberta Moore immediately.

Holiday Greetings to the island of Guam

The island of Guam, home to a Naval Hospital, a Navy Dental Center and many other installations has been hit with its fifth typhoon in 87 days. Super typhoon Gay left the entire island without water or power. Our shipmates need your support.

If anyone would like to send holiday greetings and messages of good will to departments or installations on Guam, the addresses are as follows:

LT Edward S. Bye, MSC USNR
Public Affairs Officer
U.S. Naval Hospital
FPO AP 96539-1600

CDR Mark S. Sorin, DC, USN
Public Affairs Officer
Naval Dental Center
PSC 455, Box 171
FPO AP 96540-1674

Commander
U.S. Naval Forces Marianas
ATTN: PAO (LT Dave Wray, USN)
Box 10
FPO AP 96630-0051

ALL HANDS "Navy Rights and Benefits" issue available

The combined October-November issue of All Hands magazine seems destined to become a collector's edition. Not because of its great rarity, but because it is devoted to a clear explanation of the rights and benefits available to sailors and their families.

Designed as a career planning guide, the special "Navy Rights and Benefits" (R & B) issue of All Hands contains detailed information about pay and allowances, health care, educational opportunities, and much more. Sections on transition assistance and retirement will be of special interest to Navy men and women approaching the end of their active service.

Filled with information of an enduring nature, the "R & B" issue is an excellent reference source for Commanding Officers, career counselors, division officers, and Command Master Chiefs. It will also be a valuable reference tool for ombudsmen, chaplains and command financial specialists; and a tremendous asset to sailors and their families in their personal planning.

The special "R & B" issue is being distributed through normal All Hands magazine channels which provide one copy of the magazine for every six sailors. This is the first magazine of its kind in 12 years. DON'T MISS IT!

See your history displayed

The Public Affairs Department welcomes the loan of interesting Navy historical artifacts (newspaper clips, scrapbooks, photographs, vintage uniforms, etc) for use in a display located in the lobby of NAVHOSP Oakland's main hospital. Anyone who owns such items and would like to see them displayed, please contact the hospital's community relations coordinator, Andree Marechal-Workman, at (510) 633-6683.